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## THE NURSES' SETTLEMENT IN NEW YORK \*

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ABOUT eight years ago tenement-house life in its most pitiable aspect was presented to me. I had been giving a course of lessons in home nursing to a group of proletariats from the older world,—people who find a renewal of hope in New York, if not for themselves, at least for their children. One morning one of the women of the class was not present, and her little daughter came to ask me to call upon her mother, as she was ill. Despite my experience in a large metropolitan hospital, and the subsequent knowledge gained through a year's residence in a reformatory and asylum for the waifs of New York, the exposure of that rear tenement in the lower East Side was a most terrible shock,—a shock that was at first benumbing. A picture was presented of human creatures, moral, and, in so far as their opportunities allowed them, decent members of society, in rooms reached through a court that held open closets to be used by men and women, from some of which the doors had been torn away; up dirty steps into a sick-room where there was no window, the one opening leading into a small, crowded room where husband, children, and boarders were gathered together,—impossible conditions under which to attempt to establish a home and bring up children.

Upon further acquaintance with the house and neighborhood I learned that kindly intention from the outside had not been wholly absent. The visitor from a medical dispensary had called, and, touched by the poverty of the place, had sent a bottle of beef extract with directions for use printed upon it, but there was no one in the house who

\* Read at the International Congress of Nurses, Buffalo.

could read English. Other charitable persons had sent coal; but my nurse's instinct revolted at the knowledge that nobody had washed the woman, made her bed, or performed any of the offices that every human creature should feel entitled to in like condition. I will not take time now to describe all of the circumstances, nor my reflections on the responsibilities of the community, as they appeared to me, to this one family; to me personally it was a call to live near such conditions; to use what power an individual may possess as a citizen to help them, and to give to all of my world, wherever it might be, such information as I could regarding conditions that seemed to be generally unknown.

To a friend the plan was revealed: "Let us two nurses move into that neighborhood; let us give our services as nurses, and let us contribute our sense of citizenship to what seems an alien community in a so-called democratic country." Having formulated some necessary details of the plan, we proceeded to look for suitable quarters, and in the search discovered the "settlement." In the stress of hospital training neither of us had learned that men and women, moved by some personal experience or by theoretical training, had arrived at the same impulse to action and had established themselves in the crowded quarters of cities and called themselves "settlement workers." The idea was identical with our own, and though many activities have grown from that idea, the fundamental principle remains: that people shall take up their residence in industrial communities, giving what they may have of public spirit, and partaking of the life about them; preserving their identity as individuals and endeavoring to keep the settlement free from the institutional form of philanthropic work.

For the first two months of our experiment we two nurses lived at the College Settlement. After that the top floor of a tenement that gave reasonable comfort was our home for two years, and that was practically the beginning of the present association of workers known as the "Nurses' Settlement." The life possible through making our home among the people in a simple, informal way led us easily and naturally into all the questions that affected them.

Through our visits to the children and our interest in their general welfare we learned of the unsatisfactory school conditions, and of the absurdity of a compulsory school law when there was not adequate school accommodation for the children. Such knowledge as came to our notice, such effective protest as would illustrate the conditions of our neighborhood, was brought before a suitable public, individuals, or societies especially concerned whenever occasion could be found or made.

The women on the lower floors in the tenement where we lived were employed in the needle trades, and unbearable treatment at the hands of



AN EAST-SIDE STREET





a foreman had moved them and their fellow-workers to agitate for trade organization. In the search for some one of their own sex who could speak for them in what they called "better English" they came to us, and that was our first introduction to the protest of the workers which is expressed in Trades-Unionism.

A semi-official recognition by the Board of Health gave us the privilege of inspection of the tenements, and valuable information was thus stored up on the housing problem. The experience thus gained had its share of influence in the general education of the public which later led to the Tenement-House Exhibit; to the appointment of a Tenement-House Commission under Governor Roosevelt, and the final creation of a separate department for the city of New York. One of the members of the settlement took active part in the movement, and was one of the two women on the jury of awards for plans for model tenement-houses. Through her efforts to obtain a legacy that had been bequeathed for a fountain somewhere in the city, the Schiff fountain was erected in the neighborhood of the settlement, and was the strong influence in having an adjacent site selected for a park and public playground, to make place for which no more congested and unsightly rookeries could have been demolished.

The movement for public playgrounds is now well known. They have been valiantly fought for and their need wonderfully told by Mr. Jacob A. Riis, that best friend of, and most lovable fighter for, the children of the poor. His efforts have been assisted by the Nurses' Settlement for years.

To meet the rightful demand of the children for play, we conducted in our back yards one of the first playgrounds in the city. It was an experimental station, in a way, as well as an enlightenment of the general public, and was instrumental in helping to develop public feeling in the matter. After a time the interests of the residents of the settlement were directed to the "Out-Door Recreation League," share being taken in its executive work, and coöperation given to Mr. Charles B. Stover, the apostle of New York of out-door play places for the children of crowded districts.

The workers of the settlement can look with gratification upon the increasing interest in public-school matters affecting their neighborhood as in part the result of their efforts to bring public attention to the lack of room for the children in the schools, and in other ways to bring the interests of their localities directly to the School Boards. One of the household was for a time a school inspector, but whether in official relationship or not, the members have been frequently consulted by those in authority on the Board of Education.

I have passed over the steps of growth of the settlement, and to understand how it has attained its present status I should go back to that first beginning in the tenement, when it was apparent that not only were the nurses' services needed for the sick, but that, likewise, their friendly offices were needed as interpreters for bringing to the proper sources the larger and more general matters that affected the life of the people they were in contact with.

Mr. Jacob H. Schiff, who from the very beginning had made us feel his support, encouragement, and confidence, suggested the change from the tenement quarters to a house, arguing that a more permanent basis would be established for these personal services if it were made possible for others to join us. The desire of others to coöperate with us had been for some time apparent, and therefore this most generous and public-spirited citizen's offer was accepted. A house near the tenements, once the property of the fashionable and well-to-do who had inhabited Henry Street half a century earlier, was purchased by him. Necessary changes were made in it, and almost immediately the house was filled with residents and the nursing was extended. The clubs and social features of the house then began to assume organized form.

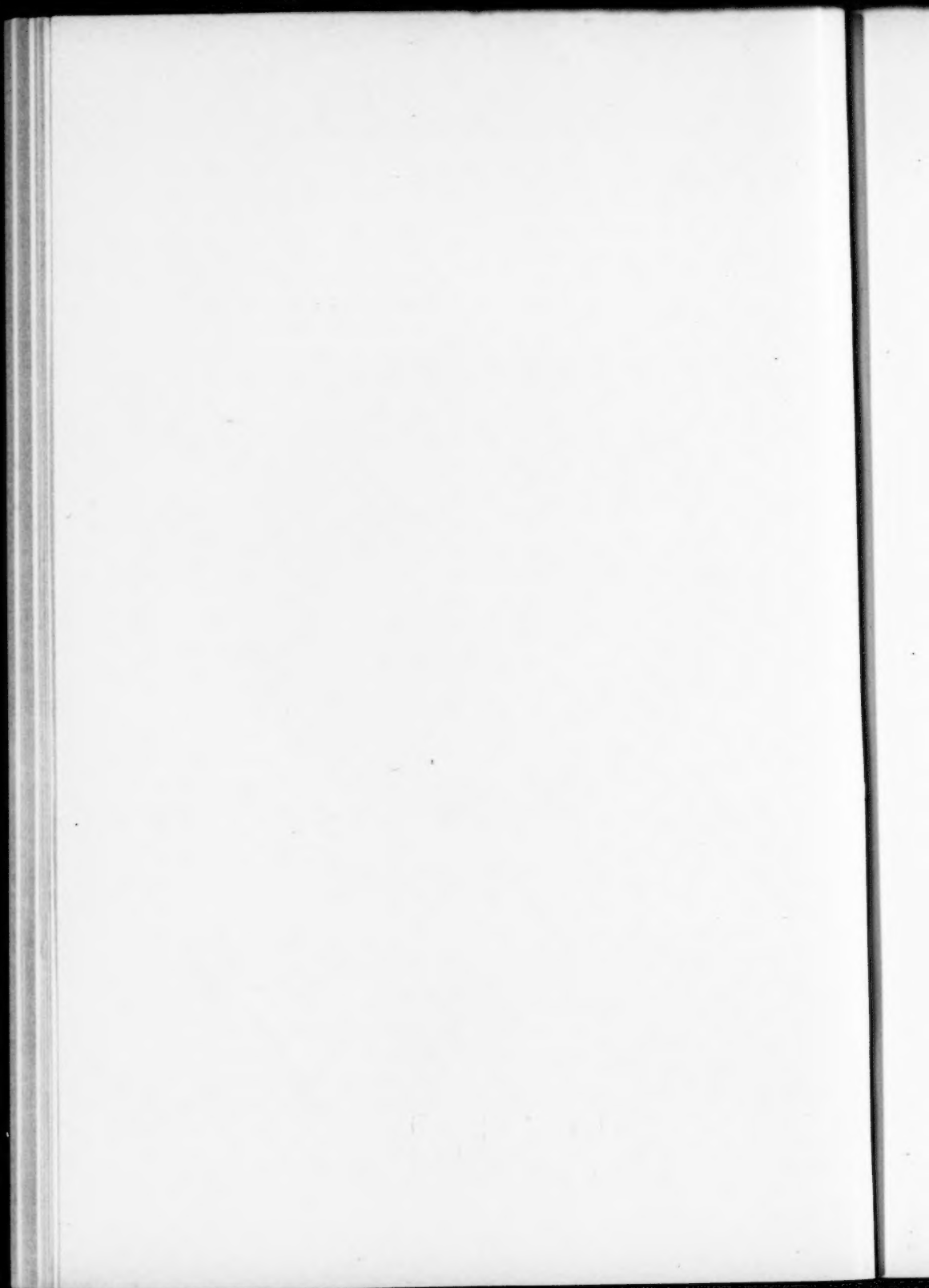
The next year another house was given for the use of the settlement by a new member, a laywoman, who came into residence, fitted up the second house, and contributed the means to carry it on, and who has taken charge of much of the social work among the young people. Not long after that offers of money and suitable workers came, and fresh opportunities to extend presented themselves.

The needs of an uptown district having been urged, a house was selected there and purchased by Mrs. Butler Duncan for the use of the settlement, and workers were placed in it who had served an apprenticeship in the down-town house. A little later also one floor of a house in still another locality was given by the family of one of the residents, and several nurses are accommodated there. Finally, a dream of the nursing staff was realized in the gift, received from a young married woman, of a charming home in the country, where all the year round, and without restrictions or conditions save those imposed by the circumstances of the patients, the convalescents and tired-out people who need rest are entertained and where, in the summer, many delightful outings for the young people are planned.

From the needs of the neighborhood has sprung the service that we call the "First Aid Room" in three very crowded quarters. In each one a nurse is in attendance at certain hours a day, and cases that require dressings, fresh cuts, old wounds, simple eye cases, eczemas, etc., are treated. These are such nursing cases as might be attended to by



A SETTLEMENT PICNIC



the members of the families if the mothers had sufficient leisure or sufficient intelligence. Many of them are sent by the physicians of the large dispensaries, who have not confidence that the parents will apply ointments, dress wounds, or syringe ears daily and in a cleanly way. These are often school-children, and the nurse is thus able to care for a far greater number than would be possible if she went to them.

This work has also a direct bearing on the school attendance of the children, and though many of the cases are not important from a medical point of view, they are of the utmost importance from the educational stand-point, as the children are sent home by the medical school inspectors, and, not being allowed to reënter while the trouble continues, often miss much precious school time, for it must be remembered that few of these children can attend school after fourteen; at that age they all begin wage-earning. As an illustration, I knew of a lad of twelve years who had never been in school because of eczema of the scalp. True, the mother had gone to the dispensaries and obtained ointments, but the overdriven, wornout woman said they did no good. Careful epilation, systematic disinfection, and careful application of the medicament was so successful that when school opened in the fall I had the pleasure of placing the boy there for the first time in his life.

The settlement in coöperation with the New York Kindergarten Association maintains a kindergarten. The children upon graduating from the kindergarten and entering the public schools are invited to come back as members of clubs. They are the youngest club members, and when the first one was called "The Alumnae Association of the Nurses' Settlement Kindergarten" the name seemed longer than some of the members.

Probably the boys' clubs connected with the settlement hold the most intimate place. The first one organized, of which I have the honor of being a member, undertook the study of the lives of American heroes. We took the term "hero" broadly, and men or women who by fearless living had made the world a better place to live in were counted as such. Thus we had the biographies of those who had contributed as statesmen, soldiers, philanthropists, and writers to the realization of the highest hopes of the country, and living members of the family under discussion often came to contribute personal reminiscences or family history. Since then as this club matured it has taken up the study of civil government and other similar study, and is but a type of what all the clubs are doing. Some of the girls' clubs combine study with the boys and young men, and interesting debates on important topics of the day are held in their meeting-rooms.

In the interests of a considerable number of boys not responsive to

the more intellectual stimulus of study, rooms have been set apart for manual work, and with the coöperation of the Children's Aid Society carpentry, wood-carving, and basket work are carried on. The large dancing-school classes, gymnasium work, etc., are possible through the courtesy of this society—it gives us the privilege of using its large and roomy floors after school hours and in the evenings. Our dancing-school has led us to the same conclusion that experience with young people anywhere would bring: that the desire to dance and to meet their kind socially is a wholesome and healthy one, and that it is a dangerous thing not to recognize and meet the want wholesomely, lest innocent desires be diverted wrongly.

The dancing-classes are refined gatherings, properly chaperoned, and with no other restrictions than the ordinary ones of good manners. They are successful rivals to the public dances that are over or back of the saloons, and also provide opportunities for those young people whose careful parents would not allow them to go elsewhere.

We have a penny provident bank, and habits of thrift are inculcated by making it easy to save the pennies. When the deposit reaches the sum of one dollar, an account may be opened in the savings-bank in the locality.

All of such work is not done by the nurses, for besides our valued lay members who share in the social and educational work, a large staff of non-residents take part in the classes and clubs.

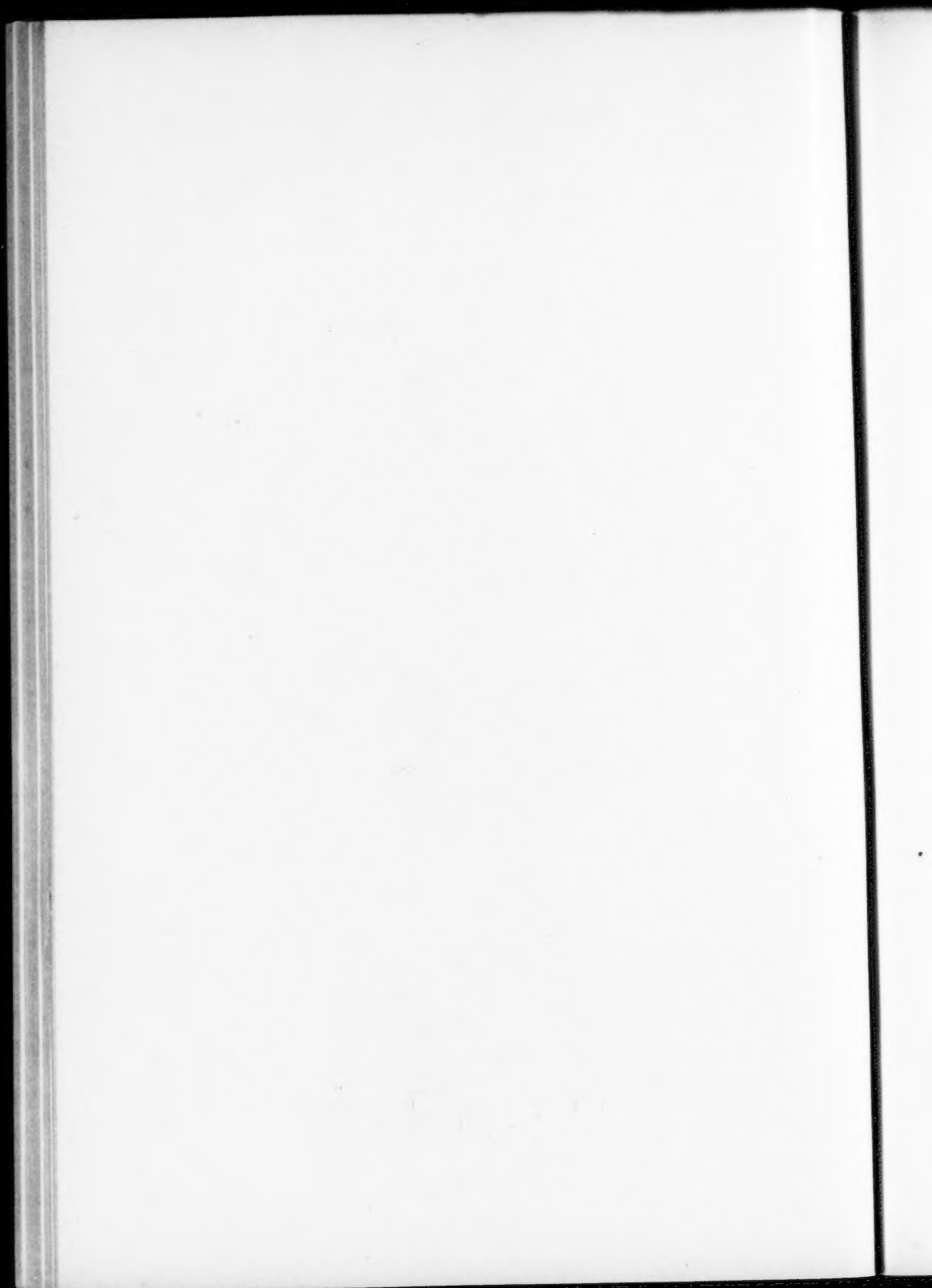
The kindergarten teachers are, of course, trained for that purpose. Leaders for clubs and teachers for the various classes are recruited from the outside, and among them are distinguished lecturers who find their students responsive and their audiences sympathetic. Musicales, private theatricals, and the varied undertakings that bring gayety and zest into the social life are successful with us. We are fond of saying that next to nursing typhoid fever we love to give a ball!

Our nursing work is the "*raison d'être*" of our existence, from which all our other activities have had their natural and unforced growth, but the papers at this Congress have dwelt upon the detail and method of district nursing, and our methods do not differ sufficiently to warrant my taking up time and space to enlarge upon it. We conceive the underlying thought of the district nurse to be that of neighborliness, and plan to have each nurse work in a small district in close touch with the settlement house that she belongs to, that recourse may be had to it in emergency as quickly as possible.

We hope that the nurse, with her knowledge of hygiene and sanitation and the care of the body in health and illness, will be an educator, and we lay much stress upon this, that she should not have too large a



CROWDED QUARTERS IN THE SETTLEMENT NEIGHBORHOOD





district or too many patients to look after. We believe she should have time to give the bath, and if necessary to make the second and even the third visit in the day, and not be adviser and instructor only, not forgetting her charity organization tenets of the dangers of doing for people what they ought to do for themselves, yet holding to the ideals of the nurse in her work.

With this in mind, though we do not undertake night nursing as a rule, yet we would have a night nurse obtained through a registry if in our opinion this was the only thing to be done for the patient. We also send women to scrub and clean in the homes that the nurses go to, if there is no one who should rightfully perform these services, as we consider it a part of good nursing to have the rooms kept clean.

The various needs of the patient are kept vividly in mind. From what we call the settlement point of view we believe that the patients should know the nurse as a social being rather than as an official visitor, and that all legitimate relationships which may follow from her introduction as a nurse shall be allowed to take place.

It is good from this point of view that the patient should know the home of the nurse, and that the nurse should be intelligent about the housing conditions, the educational provisions, and the social life of the neighborhood in which she works and lives.

From this motive has come the opportunity for the settlement to show where the neighborhood has been neglected, and to bring into communication the different elements of society that go to make up a great city. We think and feel sincerely that the relationship is reciprocal, that we are partaking of the larger life, that society in general has closed the avenues that lead to this knowledge, and that the different elements of society need one another.

The well-meaning employer needs his interpreter, and the people of such neighborhoods as our own should have their point of view considered and given dignified place in the councils of the public-spirited. This is the ideal of democracy, the best "Spirit of the Times," and in its accomplishment we have responsibility and privilege,—our share in speeding the realization of the unity of society, the brotherhood of man.

The numerical record of work done through the settlement for one year was:

NURSING WORK.

Three thousand nine hundred and ninety-one calls for nurses to the homes of the sick; twenty-six thousand six hundred nursing visits made; twelve thousand six hundred and ninety-four cases treated in three First Aid Rooms; two hundred and twenty-five convalescents entertained in the Country Home.

## SOCIAL WORK.

Thirty-five clubs, from kindergarten classes to clubs of married women; dancing school, four classes; singing classes; private theatricals; concerts; gymnasium; fresh air work.

## EDUCATIONAL WORK.

Kindergarten; reference library; sewing, crotchetting, etc.; basketry; carpentry; carving; housekeeping classes (including cooking, laundry, etc.); home nursing; civics—municipal and national government.

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[This discussion followed the five papers on district and settlement nursing given on Friday morning, September 20, beginning with Miss Amy Hughes's paper on the "Origin and Growth and Present Status of District Nursing in England," ending with Miss Wald's, given in the present number.—Ed.]

DR. LAURA HUGHES.—Perhaps it may be interesting for our foreign delegates to know that in Boston we have fifty official inspectors, men of good medical reputation, belonging to our State Medical Society, who are the very best doctors we have. They receive two hundred dollars a year for visiting the public schools one hour every morning and looking at the heads, eyes, etc., of the children. The doctor who inspects the heads the most thoroughly is the least popular doctor.

I really think we lose a great deal of this Congress if we do not carry away with us something more than we take out in our clothes, and it seems to me that one of the things which we can carry home is the idea which has been given us by the papers of this morning, and I hope that everyone will try to have trained nurses appointed for the public schools of their district. I am sure I, this morning, have been greatly interested in these papers, and I mean to use all my efforts to have trained nurses appointed to occupy such positions.

MISS McISAAC.—In Chicago, several years ago, a philanthropic man left to the Illinois Training-School for Nurses fifty thousand dollars. This school had been started and supported by public contributions, and when the money came to the school the Board of Managers felt that they did not need it for its support, and the idea of providing trained nurses for the middle classes was acted upon. It was voted that this fifty thousand dollars should be set aside and used for that purpose. This was about nine or ten years ago, and it has never been touched for anything else. The idea was carried out exactly. The patient pays from seven to ten dollars a week, according to the income of the family. The nurse's pay is twenty-one dollars per week, the regular nurses' fees in Chicago being twenty-five dollars per week. We find any number of nurses who are willing to do this work, and the money which comes from the patient goes into the fund, or income, of fifty thousand dollars. I think that we paid out six thousand dollars for trained nurses last year. Our work is confined, after a few years of experimentation, to acute medical cases. We do not send our nurses to contagious cases, because the public hospitals provide well for them, and we do not send to chronic cases or outside of our own city limits. Out of twenty cases an average would be somewhere over one-half maternity cases, with the other

*Creola  
Lund*

half typhoid fever and such diseases. There is no society in Chicago that is so much appreciated or that has done so much good as the Creerer nurses. The demand is sometimes much greater than we can supply, so we send out as long as there is money in the bank, and when that gives out and there is no more money we have to wait awhile. I have heard the nurses say repeatedly that if they had any money to give to anything it would be to the Creerer fee.

MISS WALKER.—I would like to thank Miss Wald for the thought that in doing district nursing we help the people and the people help us. There was so much to me in those few words and I think she ought to be thanked for it.

Question. Are the nurses of the Victorian Order sent out simply as district nurses?

Answer. We intend them to go out simply as district nurses. In the rural districts they are unable to keep so strictly to district nursing because sometimes they have to go ten or fifteen miles and sometimes stay two or three days. It would seldom extend over eight hours a day. In the city we keep strictly to district nursing. The nurse starts out at eight o'clock in the morning on her rounds and leaves again in the afternoon at four o'clock and returns for her supper between seven and eight.

UNANNOUNCED.—We allow our patients to pay twenty-five cents a visit or sometimes ten cents a visit, and for labor cases we sometimes charge one dollar; and then we do charity nursing, but we think it is not best to act independently of the people, and they would not thank you for it. They would rather have the feeling that they are paying for your services, and you will have better success if you make a charge that they can pay.

UNANNOUNCED.—I think the nurses as inspectors of schools would do better work than the doctor, because they are trained to recognize diseases even if they are not allowed to diagnose. The doctor does not come to the school to treat the child; he simply recognizes the disease. I think the nurse can do more good by instructing the mother at home or taking the child to a dispensary. I think the moral effect would be better, and then the children are not so afraid of a woman as of a man. I think it would be better to have nurses for inspectors of the children for the prevention of the spread of contagious diseases.

PRESIDENT.—It certainly is a matter of constant regret to us all that there are so many interesting papers and subjects for consideration that we have so little time for discussion, but the time has now arrived for us to close.

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HE has no enemies, you say.  
My friend, your boast is poor.  
He who hath mingled in the fray  
Of duty that the brave endure  
Must have made foes.  
If he has none  
Small is the work that he has done.  
He has hit no fraud upon the hip;  
He has shook no cup from perjured lip;  
He has never turned the wrong to right;  
He has been a coward in the fight.

## THE RELATIONS OF TRAINING-SCHOOLS TO HOSPITAL ADMINISTRATION \*

By MARY M. RIDDLE

Assistant Superintendent of Nursing, City Hospital, Boston

As the interests of any hospital and its training-school are closely interwoven, no argument is needed to confirm the statement that they are mutually dependent. That which militates for the advantage of one reacts for the good of the other, and, vice versa, that which is to the detriment of the one is also an evil to the other.

Since they are so closely allied and participate so nearly equally in the results accruing from their collaboration, the proper adjustment of their relationship seems a simple matter. But many systems are in vogue, and it is only by careful consideration of circumstances and the needs of the time, together with a just estimate of the value of each to the other, that a satisfactory solution is possible.

It is a self-evident fact that in every hospital some form of government is necessary, and if it be that which provides for the efficient management and preservation of the common interests, promotes the general welfare, and establishes a permanent happy state, it accomplishes its purpose, and no individual or class of individuals is at liberty to interfere with its administration, lest it be weakened and the end to be attained frustrated. Organized training-schools for nurses are of comparatively recent date, and their modes of growth have been that of evolution from the simpler and less complex organizations of the beginning, on and on to the present, when we find their managers contemplating university education for the pupil nurse.

When these schools were in the simplicity of the beginning it was no uncommon thing to find them managed by boards in no way connected with the hospital. This was especially true of those hospitals which employed religious orders to care for their sick. Such nursing bodies did efficient work, and paved the way for their more scientific, though possibly less devoted, followers. They were, from the highest religious motives, most devoted to the relief of human suffering, and were responsible only to the head of their order, regarding the hospital as the means whereby they were allowed to fulfil their vows and to exercise those functions and attributes which made them indeed "Sisters of Charity."

Other schools there are governed by superintendents who have no voice in the executive affairs of the hospital, but whose interest is con-

\* Read at the International Congress of Nurses, September, 1901.

centrated in furnishing to the school clinical advantages for study and observation. This relationship of school and hospital may have items in its favor, but there are evident disadvantages, prominent among which is the effect upon the nurses themselves. It is possible, and altogether probable, that by a training thus given nurses may be produced who fail to consider that the welfare and comfort of the patient is of primary importance. His welfare may receive due consideration, but his comfort and happiness are of secondary value. He is the means to the end that they may be educated, and they unconsciously drift into the belief that all patients were created for their benefit, whereas the reverse is the fact,—viz., that nurses were created for patients.

Again, the training-school may be governed by a superintendent who with the school is employed by the hospital to do the nursing therein. Hospitals and training-schools thus associated have been known to flourish and go on to success, and to send out graduates who take and maintain positions in the front ranks of the profession. Furthermore, this association of school and hospital has been one method of solving the problem of political control, or, rather, of keeping the school free from political influence when the hospital is under its domination. It has also been a method of securing greater freedom for the school, in that it allows the accomplishment for the hospital of what is reasonable rather than the exaction of what is desirable, with the result that the possibilities for the preservation of the health and strength of the nursing body are greatly increased.

Another form of relationship between training-school and hospital is exemplified when both are under one administration. Then do we have a form of government which may more nearly meet the necessity for any government,—viz., to promote the general welfare,—but there are some apparent disadvantages to the school arising from this form of relationship; first, the ability of the Board of Trustees to at any time abolish the training-school and conclude to have the nursing service performed in some other way; second, it seldom calls for a "Ladies' Board," unless it may be that such a body constitutes part of an advisory board.

That training-school which has no Ladies' Board doubtless loses many of the influences which tend to stimulate it in the search for high ideals and correct motives. Personal contact with women of a wider and more varied life cannot fail to make strong impressions upon nurses, and when the spoken words convey the knowledge of experience they carry with them a conviction that supplements the teaching of the school.

The superintendent of the hospital is the nominal head of the training-school under authority of a Board of Trustees. He, in turn, delegates his authority to a superintendent of nurses, superintendent of

training-school, principal of training-school, or a directress of nurses; one title implies the same meaning, suggests the same routine of duty and the same burden of responsibility as another, and is at the same time representative of some distinctive idea when given. Great power is gained by this combination of offices.

The superintendent of the hospital, whether he belong to the medical fraternity or to the laity, wields a farther-extended influence than the average superintendent of nurses, for by reason of his professional and business relations he comes in more immediate contact with men of affairs, and is constantly informed of the public pulse.

In matters of discipline he is the court of appeals, and from his position as head of the training-school on the outside of the actual work he should be able to form unbiased opinions and render judgment without prejudice.

If he is the power to whom appeal may be made for direction and discipline, the Training-School Committee of the Board of Trustees is the final tribunal, or supreme court.

He is an adviser not only in matters of discipline, but is to be consulted on those that are educational or that otherwise pertain to the progress of the nursing work. The superintendent of nurses, from her more intimate knowledge of the requirements of the training-school gained by her experience while in training and her contact while superintending, should formulate and carry into execution plans for the advancement and betterment of the nursing service within the hospital as well as the elevation and maintenance of standards among pupils who must soon represent the training-school in the great world outside, where they will be judged by the efficiency and spirit which characterize their work. In all this the superintendent will advise and consult, and he will doubtless eventually place his seal upon the results; but if he is wise and unselfish, he will permit the superintendent of nurses to proceed within limitations that are not narrowed and restricted by his conceptions of expediency, but by those which after full and free consultation they together conclude will most surely promote the general welfare.

Another element of power in this combination of offices, subject to one authority, is found when the relationship between the training-school and other departments is scrutinized. It is impossible for a matron or housekeeper who is an untrained nurse to duly appreciate the necessities of the hospital from the stand-point of the nursing service, and therefore the progress of the work is frequently impeded by friction which is the outgrowth of ignorance. But when all departments are subject to the one control, there can be no division of interests and consequently no friction to overcome.



The benefits resulting to the hospital and its administration in every department by this unity of government may be augmented by placing at heads of all departments of the domestic service women trained and educated in the art of nursing. Success to the whole is thus lured by every inducement of sympathy and interest.

Here too is an opportunity for the development of those ethical traits in a nurse which count for much in making up the estimate of the individual as well as the professional body. Here loyalty may grow, flourish, and bring forth fruit which shall redound to the well-being of the training-school, the hospital, and ultimately the whole profession.

The matter of placing trained nurses at the heads of departments has seldom been carried to complete success. Many existing theories have thrown their weight in the scales to overbalance the success of the scheme when tried. There is a sentiment noticeably prominent among nurses that by taking any other line of work than the actual bedside-care of patients or instruction in the art they forfeit their place, their self-esteem, and the esteem of their neighbors.

Is the rejection of these branches of work by our best nurses the result of their training, or a deficiency in their training, or a fault of their earlier education, or is it due to the influence which heads of hospitals and heads of training-schools have permitted to surround these forms of hospital work; or is it due to the fact that other than nursing forms of work in the hospital have been consigned to the list of menial occupations? But do they really belong there? Do they not rather represent the business element in the hospital world, and is it not now the common belief that the higher education best fits one for business and the conduct of vast affairs, and, if true, then does not the higher education in the hospital best fit for places therein? Moreover, is not the successful management of vast business enterprises receiving the homage of the world to-day, and are not these special lines receiving the attention of instructors in the course for nurses at Teachers College?

Then let not the training-school despise the offices of any other department, but rather broaden out to include preparation for them in its curriculum. Instruction in the duties of matron, housekeeper, or purveyor might well form one branch of training for the third year, with the result that the trained nurse would be better able to meet the responsibilities of the combination of all offices when called upon to do so in assuming the management of a small hospital. Then would she not be completely overcome by the problems which demand, for correct solution, a knowledge of the various subsistence supplies, their value to the hospital, their cost, their necessity, the amount required, and the manner of preserving them and preparing them for use. She would also have

a knowledge, gained by instruction, observation, and experience, which would enable her to demand the proper amount of domestic service within a given time and for a given recompense.

Whether the relations between the hospital and training-school are those that naturally arise when under one administration, or whether they are those due to the contract which binds them together, there are certain duties and responsibilities of the hospital to the training-school, and vice versa of the training-school to the hospital. When the relationship is by contract its terms doubtless define these duties and responsibilities, and each member of the compact sees to it that the other renders that which was agreed upon,—there responsibilities cease.

But when hospital and training-school are under one administration there can be no such limit of responsibility.

When a hospital issues to the world its prospectus, setting forth the advantages of its particular school, and a young woman is induced thereby to undertake its course of training, to the end that she may become useful and self-supporting, the hospital assumes towards that young woman certain moral responsibilities as well as those enumerated in its agreement with her. She had doubtless come from a sphere in life where knowledge of hospitals and training-schools is very limited; she knows nothing of the many phases of the work, which may be to her advantage or otherwise, therefore she must be protected, and this is one duty of the hospital to the individual nurse,—her interests must be preserved, and this cannot be done if obstacles are placed in her pathway towards success. She looks forward to the time when she shall be sufficiently equipped to take her place in the world and earn a competence. The time arrives, but she finds she is superseded, possibly by undergraduates from her own school, who, because they *are* undergraduates and are supported by the school, underbid her services to such an extent that she must withdraw from the field, wondering how her hospital could have held out such inducements to her when they evidently did not exist.

This is the prevailing condition in those communities where are located the hospitals having training-schools that send their nurses out to private duty. In these days of progress we frequently hear the argument advanced that it is only a part of the new plan for university education of nurses, and so it may be in those schools where the nursing service is rendered at the same rate as to the poor in our hospitals. Let the poor and others be given the nursing care required and let no remuneration be exacted, then will become perfectly visible the plan for university education of the nurses. And lest these patients become pauperized, let them be given to understand that the obligation is wholly on the part of the hospital. Possibly a circular to the effect might be substituted for



or accompany that which is now sent inquiring as to the merits of the nurse.

The idea of obligation may not suggest a happy state, and it may be wise to charge a nominal fee, but if it were no more than the actual cost to the hospital of the nurse while engaged with the patient, surely all moral and ethical requirements would be met, and the value to that training-school of university education for its nurses could be determined by the amount of service thus given for which there was no visible increase in its treasury.

Other responsibilities of the hospital to its school under the same administration may be enumerated,—as, provision of home and sustenance, fulfilment of contracts, provision of necessary educational advantages, etc. In return the training-school as a whole, and nurses as individuals, will give unstintedly of those qualities which furnish the best service,—loyalty, unselfishness, and devotion to principle. They will abide by their contracts and will guard against the purely scientific work, forgetting not sympathy and womanly nursing virtues and attributes, which sometimes seem almost out of fashion and can only be seen in the dim distance of the past, but will be ever present with the nurse who heeds the admonition of one well fitted to furnish it, that "the ideal nurse must maintain a strength of character upon which a sick world may lean."

Notwithstanding much has been said to the contrary, there is a growing sentiment of appreciation for training-schools and their work among hospital governors and administrators. The school is no longer thought an expensive luxury of the hospital or even a pecuniary benefit, but it is placed where it belongs, among the educational institutions of the world. Material evidence of this change of opinion of the hospital of its school is found in the provisions made for their comfort, for their culture, and for refining influences which surround them in the beautiful home that almost every hospital is ambitious to furnish its nurses.

An editor of a prominent medical journal, who is closely observant of the trend of events, says: "It is becoming more and more obvious that the efficiency of a hospital of any sort depends in a great measure upon the services of the nursing staff. It would, we sometimes think, be possible to get on, for a time, at least, without physicians, but to be deprived of nurses would mean the *abolition* of the modern hospital. The external recognition of this fact lies in the ample provision now everywhere being made for the comfort and health of the nursing staffs when off duty."

Time and experience are the surest tests by which the real value of any form of relationship between school and hospital may be estimated, but all departments cannot fail to find in the united means and efforts

greater strength, greater resource, and eventually greater results,—unity of purpose is the main prop of success.

### EXAMINATIONS FOR ADMISSION TO PROFESSIONAL PRACTICE IN THE STATE OF NEW YORK

By HENRY L. TAYLOR, Ph.D.

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CAREFUL attention needs to be given to the difference between a degree and a license, the one carrying with it the right to assume a title which is evidence of scholastic ability, the other the right to enter on the practice of a profession or a pursuit, both emanating from the same authority, the State, either directly or through intervening mediums.

As the general public, specially foreigners, are often puzzled to account for the diversity in the legislation of the United States, the fact is emphasized that all matters of internal police control are left exclusively to the several States, and that national laws regulating professional practice cannot be enacted.

The requirements for admission to professional schools and for admission to the practice of a profession vary greatly in the different political divisions of the United States, but four general items usually appear, (1) a general preliminary educational requirement; (2) a professional preparation; (3) evidence of good character; (4) a licensing fee.

In New York high standards in preliminary general education are demanded both for degrees and for licenses, and in each case the question of attainments is determined by the University of the State of New York. As a rule, in other States, professional schools conduct their own entrance examinations, and the tests are often mere matters of form, even though the standards may appear satisfactory on paper. In the State of New York, however, admission to professional schools and to professional practice is subject to the requirements of the university to a greater or less extent, and must be secured either on examinations conducted by the university, or certificates issued for work completed in registered schools, supplemented if necessary by Regents' examinations.

UNIVERSITY OF THE STATE OF NEW YORK.—As some confusion exists regarding the powers and duties of the Regents, and to many the term is synonymous with examinations only, a concise statement of the organization of the university is in order. The University of the State

of New York is governed and all its corporate powers exercised by nineteen elective Regents and four ex-officio, the Governor, Lieutenant-Governor, Secretary of State, and Superintendent of Public Instruction. Regents are elected in the same manner as United States Senators; they are unsalaried and are the only public officers in New York chosen for life.

The elective officers are a chancellor and a vice-chancellor, who serve without salary, and a secretary. The secretary is the executive and financial officer and is responsible for the proper administration and discipline of the various offices and departments of the university.

Besides many other important powers and duties, the Regents have power to incorporate, and to alter or revoke the charters of universities, colleges, academies, libraries, museums, or other educational institutions; to distribute to them funds granted by the State for their use; to inspect their workings and require annual reports under oath of their presiding officers; to establish examinations as to attainments in learning, and to confer on successful candidates suitable certificates, diplomas, and degrees. Their duty of establishing examinations as to attainment in learning and to confer on successful candidates suitable degrees has been exercised with ever-widening influence since the university's incorporation in 1784.

**GENERAL PRELIMINARY EDUCATION.**—The preliminary professional certificates issued by the university are the law student, evidence of three or four years of academic (high-school) work subsequent to eight years of pre-academic preparation or its equivalent; the medical student, evidence of three-years' academic work prior to August, 1896, and four years' academic work subsequent to that date, and the special medical student certificate, meeting additional requirements set by individual medical schools of the State; the dental student, evidence of three or four years of academic work; the veterinary student, evidence of two-years' academic work.

Regents' examinations are held in the academies and high schools of the State of New York. These schools must meet certain requirements in resources, instruction, equipment, teaching force, and courses accessible to students of academic grade. Secondary schools are registered in full or in part on a similar basis. For full registration the school must have admission requirements equivalent to the preliminary certificate and afford at least four years of high-school or academic work with the general facilities required for admission to the university. The seven hundred and fifty-one registered institutions of secondary education in the University of the State of New York and a few private schools that secure registration on the payment of an annual fee of

twenty dollars are subject to inspection to determine the grade and character of instruction. Schools outside of the State desiring registration must meet the same requirements. The facilities and courses of such schools are usually determined on documentary evidence substantiated by the testimony of disinterested references.

An approved academic course follows eight years of common-school or preacademic work and is measured in years. At least three academic subjects, forty weeks, five periods a week, forty-five minutes a period, seventy-five per cent. standing, or the equivalent, are required for a high-school year; many students take four subjects, some five.

Not only are these the general preliminary educational requirements for admission to professional schools of the State, but they are also the requirements for admission to the licensing examinations.

**PROFESSIONAL REQUIREMENTS.**—Under the laws of the State and rules of the university the professional preparation for admission to the licensing examination is guarded with equal care, and the completion of a three-year veterinary course in a New York State veterinary school or a veterinary school registered by the university is a prerequisite for admission to the licensing examination in veterinary medicine.

The Regents admit to examination for license to practise dentistry in the State any candidate who, in addition to the prescribed fee, submits satisfactory evidence, verified by oath if required, that he (1) is more than twenty-one years of age; (2) is of good moral character; (3) has the required preliminary education; (4) subsequent to such preliminary education has studied dentistry at least three years in a registered dental school or graduated from a registered medical school, has pursued thereafter a course of special study of dentistry for at least two years in a registered dental school.

In addition to the general preliminary education requirements for admission to a medical school (the medical student certificate), a candidate for admission to the licensing examination must afford evidence of the study of medicine during not less than four full school years of at least nine months each, including four satisfactory courses of at least six months each in four different calendar years in a medical school registered at the time as maintaining a satisfactory standard.

A modification of the statute by the Legislature of 1902 permits the Regents to accept as the equivalent of the first year in a medical school evidence of graduation from a registered college course, provided that such college course shall have included not less than the minimum requirements prescribed by the Regents for such admission to advanced standing.

**EXAMINING BOARDS.**—The examinations for admission to practice

in the State of New York are prepared by the university through a State Board of Examiners, and the organization of a State Medical Board affords a good example. It comprises seven members, each of whom holds office for three years from August 1 of the year in which appointed. The State Medical Society nominates twice the number of examiners to be appointed in a given year, and the names of such nominees are transmitted annually under seal to the Regents, who appoint from such list the examiners.

Each nominee before appointment furnishes the Regents proof that he has received the degree of doctor of medicine from some registered medical school and that he has legally practised medicine in the State for at least five years. An examiner receives a certificate of appointment from the Regents and files with the Secretary of State the constitutional oath of office before beginning his term of office. The Regents may remove an examiner for misconduct, incapacity, or neglect of duty.

The board or committee thereof may take testimony and proofs concerning all matters within its jurisdiction; may, subject to the Regents' approval, make by-laws and rules not inconsistent with law needed in performing its duties. The board annually elects from its members a president and secretary for the academic year and holds one or more meetings pursuant to the call of the Regents, who may also call joint board meetings. A majority constitutes a quorum, but questions may be prepared and rated or answer papers of candidates may be examined and marked by committees duly authorized by the board and by the Regents.

The board submits to the Regents lists of suitable questions for thorough examinations in medical subjects. From these lists the Regents prepare question papers for the examination of all candidates meeting the statutory requirements for admission, and the greatest care is taken to preserve the integrity of the question papers, which are set, edited, printed, enveloped, and packed under the immediate control of the secretary. The examinations are given in at least four convenient places in the State at least four times annually in accordance with Regents' rules, and are exclusively in writing and in English. They are conducted by a Regents' examiner who is not one of the medical examiners. At the close of the examination, the examiner in charge delivers the question and answer papers to the board or its duly authorized committee, which without delay examines and marks the answers and transmits to the Regents an official report giving the standing of each candidate in each branch, his general average, and whether the board recommends that a license be granted.

If a candidate fail on the first examination he may, after not less

than six-months' further study, have a second examination without fee. If the failure is from illness or other cause satisfactory to the Regents, they may waive the required six-months' study.

On receiving from the board an official report that an applicant has successfully passed the examination and is recommended for license, the Regents issue to him, if in their judgment he is duly qualified therefor, a license to practise medicine, under seal and signed by each acting medical examiner. This credential states that the licensee has given satisfactory evidence of fitness as to age, character, preliminary and medical education, and all other matters required by law, and that after full examination he has been found properly qualified to practise. Before beginning practice the licensee must have his license registered in a book kept in the clerk's office of the county where he proposes to practise, with his name, residence, place and date of birth, and the source, number, and date of his license.

The dates of the medical licensing examinations for the year 1902 are January 28-31, May 20-23, June 24-27, September 23-26; the places, New York, Albany, Syracuse, and Buffalo. The daily programme begins at nine-fifteen in the morning and one-fifteen in the afternoon of Tuesday, Wednesday, Thursday, and Friday, one subject for each half day.

**ADVANTAGES.**—Three prominent advantages appear from this relation of the University of the State of New York to the professional schools and professional practice—uniformity, accuracy, and impartiality.

The schools of the State under the jurisdiction of the university afford greater uniformity of preparation, for, as Professor Brown, of the University of California, says, "The university presents the most thoroughly organized State system of secondary education which has yet been developed on American soil."

As the students of the State are more thoroughly and uniformly equipped for professional study than the students of any other State of the Union, the work in the professional schools of the State is of higher grade and broader attainments. As a result of this more thorough and accurate preparation all candidates that seek a license to practise are necessarily better grounded in the fundamental principles of their profession.

Under the administration of the university far greater accuracy of information is secured both in regard to the character of the applicants and the qualifications they present, and also in the preparation and application of the tests to determine the qualifications. The experience gained by the office in contact with the credentials from twenty different



countries in as many different languages affords material for far more accurate information than can be secured by individual initiative. Thus the danger of being imposed on by inferior credentials is minimized. Marriage certificates, be they ever so handsomely engrossed, are no longer accepted as medical certificates; a certificate of rights at a boarding club, however highly embellished, is not received as a sufficient evidence of a candidate's preparation for admission to a law school, and passports from a foreign government in an unknown tongue are not accepted as evidence of ability to administer ether to a patient in a dentist's chair. Greater accuracy is secured in examinations by separating the general preliminary and professional tests from the licensing. Thus greater care can be given to the preparation of the licensing examinations in the number and content of the questions, and fuller and more complete replies can be submitted by the candidate for admission to practise.

Finally, the impartiality of the administration will appeal in strongest terms to the disinterested reader. Divorced from financial considerations, that so strongly influence proprietary or semi-private institutions, whether the fitting school or the professional, it is at the same time freed in a great measure from the personal bias that appeals to the individual, whether from personal contact with a school as an alumnus or from the influence of local interests. At the same time freedom from political pressure warrants the highest impartiality and develops rules and ordinances possessing such stability and justice as to merit the reputation now attained by the university.

In 1897 President Henry Wade Rogers said: "There should be established in each State a Council of Education, which should be intrusted with powers similar to those vested in the Regents of the University of the State of New York, and which should be composed of the most eminent men in the State without reference to political consideration."

The American Bar Association recommended that examinations for admission to the bar be conducted by a commission appointed by the court of last resort according to the system now in force in New York.

The secretary of a committee of the National Association of Dental Examiners writes, "The entire committee regards the New York dental law as the best in the country."

The secretary of the Colorado State Board of Medical Examiners says, "We assure the Regents of the University of the State of New York that we recognize their body as the leading spirit in medical educational reform."

**HYGIENE OF THE HOUSEHOLD**

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 498)

WE will now glance at the living-room, or general sitting-room of the family,—essentially a room for use, not for show.

Have you ever noticed that on entering a room the first thing that attracts your eyes is the open fireplace—when there happens to be one? Some writer has remarked that a landscape without water is like a face without eyes, and we may rightly add that a fire in a room is like bright eyes in a face. It is, indeed, a luxury that is almost a necessity in winter, not only for warmth and ventilation, but for the good moral effect it has on our spirits in the “dark days” that are found in every life.

How restful to mind and body is the cosy twilight talk, sociable cup of tea, or quiet day-dream beside the open fire. Of course, a fire involves extra care, but anything that is worth having is worth taking some trouble about, so let us have our cheery friend, the grate fire.

Gas-logs, now so much in vogue, certainly give less trouble, but are not so healthy, and at best are a poor substitute for the real thing, which is so truly, as Lowell poetically describes it:

“Beauty on my hearth-stone blazing,  
While thou leapest fast and faster,  
Wild with self-delighted glee,  
Or sink’st low and glowest faintly,  
As an aureole still and saintly,  
For thou hast magic beyond wine,  
To unlock natures each to each;  
Thou fill’st the pauses of the speech  
With whispers that to dreamland reach.”

Hard-wood or veneered floor,—the latter cheaper and equally durable,—with perhaps one large rug to cover the centre of the room, I again endorse as the best floor-covering for the living-room.

A word about bric-a-brac and pictures: Don’t display all your treasures at the same time. The Japanese have an admirable custom of allowing only one handsome vase or rare curio to be seen on their tables at a time, thus bringing out all its artistic beauties and focussing them on the mind’s eye. I have heard lately about a lady who has had the good sense to follow out this idea by locking away half her curios and art treasures, and every few months she is enabled to change the entire



appearance of her rooms by bringing out the "hidden treasures" and putting away what has been in use, thus giving an interesting fresh look to her rooms for which her relatives and friends render her grateful thanks.

There is no rest to mind or body in a room that is so crowded, even with the most exquisite things, that one is continually reminded of an old curiosity shop. The same thought applies to the furniture; better, far, have your room scantily furnished than so cumbered that one cannot move without being in danger of upsetting something.

Heavily upholstered furniture and plush and chenille hangings are among the things to be avoided from a hygienic as well as an artistic point of view. Soft silks, art muslins, denim, or some of the many rich Oriental hangings and coverings are preferable. French Madras, that is made now in such charming designs in the most exquisite shades, not expensive, is very effective for window drapery, and, by the way, soft half-tones in color are taking the place of pure white in the window-curtains of many aristocratic homes.

Let me beg of you not to dress up your windows in half a dozen different garments; curtains should frame the window, not conceal it, allowing room for the entrance of sunlight and fresh air.

The living-room is for daily use and comfort, so let us have comfortable furniture, as handsome as you please, but chairs that you may rest in, and cushions that you are not afraid to put your head upon.

A newly married man, starting housekeeping, told his wife that he did not mind how she furnished the rooms as long as she followed out the idea that nothing she bought was to be too good for daily use and comfort.

I have entered rooms arrayed in such a stiff "touch not, handle not" style that all one's warmth of feeling shrivels up, and the word home or living-room is an anomaly.

Have your reception-room as stately and as much for show as you desire,—if you do desire such a thing,—but let the general sitting-room be a living-room in every sense of the word, showing the different sides of the home life, and, above all, a room of refreshment to mind and body.

A few good pictures, plenty of light, air, and sunshine, growing plants, book-shelves filled by favorite authors containing "medicine for the soul," a good-sized centre-table for magazines and papers, writing-desk fully equipped, Morris chair, lounge, piano, and some few of the household gods dear to the heart of every family, and all surrounded by an atmosphere of cleanliness only procured by broom, soap, and water,—such a room arranged according to individual taste will be a

real home nest, where "the anxious cares of the day may fold their tents like the Arabs, and silently steal away."

There is a great tendency to keep the "best" room shut up in gloomy darkness two-thirds of the time. This error is to be found especially among the country folks, and when visiting there you are sometimes ushered into a room so cold, dark, and musty that you might as well be in an underground chamber.

A well-known writer compares the life of a lonely, reserved, unattractive woman to a "house whose parlors have always been closed," showing so clearly the absence of life, warmth, and sympathy which is expressed by the closed-up room. A young woman who had been studying abroad for some years on returning to her New England home found the hardest thing she had to meet was the shut-up parlor, sacred only to the memory of funerals and weddings. "Let's open the parlor and have a fire and afternoon tea?" she asked her mother. "Not for ourselves!" exclaimed her mother, holding up her hands in amazement. But one day when the girl was ill and sad the mother went out, bought a large roll of oil-cloth, spread it over the velvet carpet, built a small fire in the grate, and allowed a ray of light to enter one of the windows, showing by these small concessions the mother's heart rising above her life-long traditions.

Even if the parlor is not in daily use, open the windows and doors and let in fresh air, sun, and flowers; and don't be afraid of a little trace of life in the shape of an open book, cushion out of place, child's toy on the floor, or a ray of sunshine across the room. Much more lovable and attractive is a room showing some of the wear and tear of life, and thereby expressing the personality of its owner, than one that is only opened for state occasions and oppresses you with the thought that you are only received on the threshold, not into the home, of the family.

You can never make the mistake of having too many growing plants and cut flowers around the house. They always elevate our thoughts to a higher sphere, and a beautiful flower has the same good moral effect on our lives as a bright ray of sunshine.

If there is a member of the family who is a semi-invalid and obliged to be classed among the "shut-ins" during the severe weather, surround her with growing plants which need her loving care daily, and, if possible, have a few cut flowers always on her table, and the unconscious influence which permeates from Nature's children will wind itself around her life, draw her thoughts from her own troubles, and cheer the dark hours.

## THE ENTRANCE OF THE NURSING PROFESSION INTO REFORM AND PROTECTIVE WORK \*

By LINDA RICHARDS

Superintendent of Nurses, Taunton Insane Hospital, Mass., Delegate from the  
Federation of Nurses to the National Council of Women

IN this short paper it is not the purpose to speak of the nurse in the work which is strictly called her own, but in work she is doing in connection with other societies.

The ancient ideas of nursing seem to have been, as found in Catholic sisterhoods (which did most excellent work in this one way), the caring for the sick and unfortunate. They made no protest against existing conditions, nor did they, as far as is known, seek to correct them.

It was Florence Nightingale who introduced the spirit of reformation and teaching into the work of nursing. She it was who overthrew old systems and replaced them with a mission for the nurse, to teach and practise sanitation and hygiene with authority. With her began a new era in nursing, and her name is, and will always be, held sacred by all training-schools and nurses the world over.

Democracy, by permitting increase of responsibility and opportunity to women, has made rapid progress possible in the nursing profession. In most of the old aristocratic countries the nurse is still considered a handmaid or upper servant, while English-speaking nations are developing her into a positive and recognized force and making her services of ever-increasing value, and this not alone in her own profession, but in the many others in which she may to-day be found.

In New Zealand a nurse (Miss Mills) holds a government position as Inspector of Hospitals. She has had great influence in shaping legislation regarding the education of nurses in that country.

Mrs. Norrie, of Denmark (a nurse), is secretary of the National Council of Women, and has done much for the advancement of the cause of woman's work and for suffrage.

In London, Miss Morton, a nurse, as member of the School Board, has been instrumental in placing nurses in public schools to watch for infection and prevent its spread.

As a reformer in civil service Miss Louise Dorche, in her ten-years' struggle against machine politics, took a training-school in New York out of its grasp, and placed it upon the merit system. In civic work Miss Wald, founder of the Nurses' Settlement in New York City, has

\* Read at the National Council of Women in Washington, February, 1902.

distinguished herself and profession. Seven years of conscientious, intelligent, self-forgetting service for the public good has made her a power in every branch of municipal work—playgrounds, overcrowded tenements, and all matters of like nature coming under her care. She meets all commissioners and is consulted upon all matters of improvement and civic reform in her district. In Yonkers, N. Y., Mrs. von Wagner has for four years held an official position on the Board of Health as Inspector of Tenements, where her work is thoroughly appreciated and more valued with each year of service. Several nurses are now studying to fit themselves for similar positions. In Boston, Mass., Miss McBride holds an official position as Visitor of the Children's Department. She visits all truant and reform schools and homes where city children are placed, and gives official reports concerning their care and surroundings. She also has charge of all clothing furnished them by the city. This department also employs a nurse whose duty it is to visit all these institutions, attending to such matters as would fall to a nurse only.

A nurse, Miss Gregg, holds an official position as visitor to all insane patients and paupers who are boarded in private homes in the State of Massachusetts. She looks into the sanitary conditions of these homes and ascertains the kind of care given the boarders.

The Boston system of instructive district nursing means very much more than its name would imply, the nurses being teachers of sanitation, hygiene, and home nursing, and inspectors of tenements as well.

Miss McCloud, superintendent of the Victorian Order of District Nursing in certain provinces of Canada, is constantly travelling from town to town where her nurses are located, and is very thorough in her work of home inspection. She is also an instructor in sanitation and hygiene.

In Buffalo Miss Damer, a nurse of large and varied experience, is officially connected with charity organization work, where she is doing much good by her wise counsel and thorough work.

Mrs. Kenny, superintendent of army nursing, visits and inspects all hospitals belonging to the American army wherever they are situated. She is now in the Philippines on a tour of inspection.

One nurse, Miss Rutherford, is secretary of a society in Baltimore whose work is the rescue of abandoned children and finding good country homes for them. In Baltimore nurses are also officers of the Society of Health to aid in the war against tuberculosis. Colored nurses have instituted a movement to establish district nursing, which will lead to improved sanitary conditions in the homes of colored people.

Mrs. Fenwick, of London, England, a nurse and journalist, takes up

the cause of industrial betterment and municipal improvement, as well as nursing, and her name is guarantee of the excellence of her work.

Miss Palmer, an American nurse, is also a journalist, and is very active in all matters of civic reform, and, being connected with many societies, has a wide field for work and influence.

There is a very general movement among nurses to study parliamentary law, sociology, and modern movements, and this with a view of entering reform work. Two local groups, the Metropolitan Club and Johns Hopkins Hospital Training-School Alumnae, belong to the Federation of Women's Clubs.

Nurses are by their training especially fitted for reform and preventive work, and each succeeding year finds a larger number employed outside of what might be considered strictly professional lines. That their work has been acceptable is proven by their services being sought after. They have always been found ready to help in all forward movements, and are glad to work shoulder to shoulder and in hearty accord with any and all societies whose aims are the improvement of conditions of the half who know not how to live.

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## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE IV.—KIDNEYS AND URINE

(Continued from page 502)

WE now come to the subject of excretions proper. An excretion, as we have learned, is a substance that exists preformed in the body, and is carried by the blood to certain organs and taken from the blood by these organs and thrown from the body. Excretion is continuous, and not intermittent, like secretion. It is principally composed of effete matter, the result of the growth of tissue.

#### *True Excretions.*

(1) Urine; (2) Perspiration; (3) Bile, partly.

The urine is excreted by the kidneys, which are two in number and consist of two distinct parts, (1) cortical substance and (2) medullary substance. The external or cortical substance is composed of tortuous tubes, at the end of which are small rounded bodies called Malpighian bodies, blood-vessels, etc. The internal pyramidal or medullary substance is chiefly composed of straight tubes and blood-vessels, lying internal to the cortical. These different tubes become filled with epithe-

limum, albuminoid matter, blood, etc., and in disease are washed out by the urine and can be seen under the microscope in the exact shape of the tubes from which they come. The arrangement of the Malpighian bodies is as follows: In the Malpighian bodies the secretion of water occurs. In the tubes of Henle the excrementitious matter is excreted (urea). The water dissolves the urea and washes it out into the bladder. The kidneys are plentifully supplied with blood-vessels. Those going into the kidney carrying urea and effete matter are known as afferent vessels, and those vessels which come from the kidney are known as efferent. Anything that increases the blood-pressure in the kidneys increases the urine, and vice versa. The urine comes from the kidneys into the pelvis and thence through the ureter, a tube running from the kidneys to the posterior part of the bladder. From the ureter the urine enters the bladder and is discharged from this through the urethra. The bladder is a sac just behind the symphysis pubis for the reception of urine, and holds ordinarily one pint, but will, if distended, hold much more. It is composed of three coats, serous, muscular, and mucous membrane. It empties itself by means of the muscular coat. Incontinence is inability to retain urine, due in some cases to paralysis of the walls of the bladder. Suppression is when the kidneys do not act or do not secrete urine. In catheterizing, two things are necessary, cleanliness and gentleness. Use a soft, flexible rubber catheter, one that is clean, and wash the parts of the body thoroughly with antiseptic solutions. The catheter is to be inserted about two to three inches. In regard to the urine, note quantity, appearance as to color, transparency and odor, reaction and sediment. In saving specimens of urine, if it is to ascertain the quality of substance, six to eight ounces of urine should be saved three or four hours after eating. If for finding quantity of substance, there should be some of all the urine which has been passed in twenty-four hours saved and kept in a dry, cool place. The bottle should be corked. Urine will often change in appearance, due to bacteria, moisture, and temperature. In testing urine there are six important things to notice, viz.: (1) Quantity, (2) color, (3) odor, (4) transparency, (5) specific gravity, (6) chemical reaction.

(1) *Quantity* is from thirty ounces to fifty ounces in twenty-four hours, but this may be decreased or increased, depending upon exercise, activity of the skin, and character of the food. Also disease affects the amount of urine. In persons having small, contracted kidneys there is often as much as one hundred and fifty ounces passed in twenty-four hours; also in diabetes mellitus. In the large white kidney there is often as little as fifteen ounces passed. Epilepsy and hysteria increase the amount.



(2) *Color*.—The color varies from a pale yellow to reddish yellow. This is also affected by food, drink, disease, etc. The coloring matter of urine is "urobilin." In typhoid fever the urine is rather a blue color, in malaria dark, in carbolic poisoning black. Rhubarb and senna will turn it dark brown. Methylen blue turns urine blue.

(3) *Odor*.—The normal odor is due to phenylic acid, but may be ammoniacal or putrid, if allowed to remain in the bladder or to stand. The latter is due to mucus or organic substances, as in cystitis. Odor may be modified by turpentine, which gives the odor of violets. Asparagus or vegetable diet gives a different odor. Diabetic urine has a sweetish odor.

(4) *Transparency*.—Urine may be clear, or after standing have clouds, due to the presence of mucus, or perhaps of pus, bacteria, phosphates, or urates. Some of the tests are: by putting cloudy urine in a test-tube and heating the upper layer of urine the cloud may disappear, proving it to be due to urates. But if it does not disappear until nitric acid be added, we know the cloudiness was due to phosphates. If no disappearance, then there is suspicion of albumin.

(5) *Specific Gravity*.—The specific gravity is the total amount of solids in solution in the urine. Water at 60° F. equals 1000 by the urinometer; now, by adding solids we can raise the specific gravity to 1000 or 1010 or even 1040. Normal specific gravity is from 1018 to 1025. But in diabetes it goes up to 1040. A large amount of watery secretion lessens the specific gravity.

(6) *Chemical Reaction*.—This may be acid, alkaline, or neutral. Normal urine is slightly acid, turning blue litmus-paper red. If the alkalinity is fixed, the litmus paper will stay red. Alkalinity is due to alkali of potassium or sodium. Acidity is due to acid sodium phosphates. Ammoniacal urine is alkaline.

The constituents of urine are: *Organic*—urea, uric acid, coloring matter; *Inorganic*—sulphates, carbonates, chlorides.

#### *Organic Constituents.*

Urea is effete matter derived from tissues, a result of tissue waste taken up by lymph and blood and carried to the kidneys, and is excreted by the kidneys and sweat-glands. The quantity of urea in urine is from three hundred to six hundred grains in twenty-four hours. The chief organic principle is uric acid, of which there are six or seven grains in twenty-four hours. This in urine may be compared to albumin, as in gastric digestion. The coloring matter is urobilin, and is derived from the bile and blood, and increases in color in fevers. Uric acid is a transitional product between waste of tissues and urea.



*Inorganic Principles.*

Sulphates are in urine, as in blood, in small quantities; there are few carbonates.

Phosphates appear in two forms—the earthy, soluble in alkaline solutions, and the non-earthly, soluble in acids.

Chlorides, most abundant, disappear almost in febrile cases.

Urine contains (1) albuminoids or proteids and (2) carbohydrates, as glucose or grape sugar, this appearing largely in diabetes.

In the first division there are found (3) serum albumin, (4) serum globulin, (5) fibrin. Hemoglobin when red corpuscles are destroyed, as in malarial fever. There are three tests for albumin in urine: (1) Heat and nitric acid, or heat alone; (2) nitric acid; (3) chloride of sodium and acetic acid, the last way being greatly preferred. There are also three tests for glucose, or grape sugar: (1) Fehling's; (2) bismuth; (3) ferment, the latter being the most reliable.

(To be continued.)

## COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK—TEACHERS COLLEGE

### SPECIAL COURSE IN HOSPITAL ECONOMICS—1902-1903

#### OFFICERS.

JAMES E. RUSSELL, Dean.

HELEN KINNE.....	Professor of Domestic Science.
MARY L. D. FORREST.....	Instructor in Domestic Science.
LAURA B. WHITTEMORE.....	Assistant in Domestic Science.
CHARLOTTE M. WAY.....	Laboratory Assistant.
HERMAN VULTE, PH.D.....	Lecturer on Household Chemistry.
ANNA L. ALLINE.....	Assistant in Hospital Economics.
MRS. HUNTER ROBB	} ....Lecturers on Hospital Economics.
MISS M. M. RIDDLE	
MISS M. A. NUTTING	
MISS EVA ALLERTON	
MISS MAUD BANFIELD	

#### COURSE IN HOSPITAL ECONOMICS.

At the request of the American Society of Superintendents of Training-Schools for Nurses, Teachers College offers a special course in Hospital Economics. The course has for its purpose the preparation of trained nurses who have the necessary qualifications for teachers in training-schools for nurses. Its aim is eventually to attain uniformity in curriculum and training-school methods, which shall make the standing of a trained nurse practically the same from any

training-school connected with a general hospital in the country, and also in the course of time to be able to supply thoroughly trained superintendents to take charge of hospitals and training-schools.

The American Society of Superintendents of Training-Schools for Nurses is responsible for the development of this course, and in order to secure a careful selection from candidates it has appointed a Board of Examiners of experienced superintendents, whose duties are to receive the names of all candidates for the teachers' course and to endorse them. They decide upon their qualifications as practical trained nurses, examine their certificates, and receive a full statement from the superintendent of the school from which they graduated as to the candidate's qualifications to become a superintendent. In addition to these requirements the Board of Examiners require (a) evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college and (2) in a nurses' training-school, this to include evidence of satisfactory work in anatomy, physiology, materia medica, applied bacteriology, urine analysis, together with a general knowledge of practical nursing obtained by a two- or three-year course in a general hospital; and (b) that the candidate enter Teachers College for the full academic year of about eight months, and that she will before this term spend from three to four months in doing private duty. Then, after this year of extra preparation, having passed the required examination satisfactorily, she will receive a certificate as a qualified teacher for a training-school for nurses, such certificate to be signed by the dean of Teachers College.

#### ADMISSION.\*

##### GENERAL REGULATIONS.

1. Each candidate must present to the college a recommendation for admission from the Board of Examiners, certifying to the moral character of the applicant and her qualifications for undertaking professional work.
2. No candidate can be admitted who is not in good physical condition.
3. Students admitted to any class are held on probation until the end of the first half-year. Any student who fails to pass in at least one-half of her work during this period of probation will be dropped from the roll of the college.
4. All students are required to present themselves for registration on Thursday, Friday, or Saturday of the week preceding the first Monday of October in each year. Enrollment at a later date is permitted only to those who obtain the consent of the appropriate committee, good cause for the delay having been shown. The presence of all students is required on the day immediately following the close of all vacations and recesses.
5. All matriculated students in the Hospital Economics Course are under the charge of the standing Committee on Undergraduate Students. At the time of registration each student must file with the registrar a list of studies for the year, approved by this committee of the faculty. No change will be permitted in such registered lists except with the consent of the committee, and no credit will be allowed for any course not approved and registered in this manner.
6. All fees for the first half-year must be paid to the cashier of Teachers College on or before the last Saturday in October, and all fees for the second half-year on or before the third Saturday in February. No official record is made of a student's work until her matriculation fee is paid.

\* For directions for making application for this course, see page 606.

## COURSE OF STUDY.\*

Required (eight points): †

PSYCHOLOGY **A**—Elements of psychology, and

EDUCATION **10**—Educational psychology—(together) three points.

HOSPITAL ECONOMICS **10**—Methods and practice—one point.

HOSPITAL ECONOMICS **12**—Hospital and training-school organization and supervision—two points.

PHYSICAL EDUCATION **10**—Applied anatomy and physiology—two points.

Elective (seven to ten points): These courses are recommended:

BIOLOGY AND PHYSICAL EDUCATION **3**—Physiology and hygiene—two points.

BIOLOGY **12**—Bacteriology—one point.

DOMESTIC SCIENCE **10**—Foods—two points.

DOMESTIC SCIENCE **11**—Foods, advanced course, dietetics—one point.

DOMESTIC SCIENCE **12**—Food production and manufacture—two points.

DOMESTIC SCIENCE **14**—Household chemistry—two points.

HISTORY **10**—Economic and social history of the United States—two points.

## SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics **10** and **12**, regular courses of the college. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

The courses which are chiefly professional are Psychology **A** and Education **10**. In these courses the student is introduced to some of the most important topics in psychology and is led by experiment and observation to apply the fundamental psychological principles to instruction and the general conduct of school work. Education **10** will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of school practice. It will aim to prepare students for general classroom work and for the courses in the methods of teaching the separate subjects. The work in the division for students in Hospital Economics course will be specialized so far as possible to meet the needs of the class.

The various courses in Biology and Domestic Science are intended to broaden the student's knowledge of the fundamental principles of science and to give her practical direction in making this knowledge of service in teaching. The courses in Hospital Economics, which are carried on under the direction of the Committee of the American Society of Superintendents of Training-Schools for Nurses, aim

\* Students who can satisfy the requirements in any of the prescribed subjects may elect other subjects of equal credit in any department of the college with the approval of the dean and the professor concerned.

† In this circular the credit given for courses is scheduled in *points*. One point represents one hour of class work per week throughout the year. Two hours of practical work, as in the shop, laboratory, or school-room, count as one hour of class work.

For detailed statement of courses, see page 599. For further general information concerning Teachers College, see "Announcement of Teachers College," a copy of which will be sent on application to the secretary.

to present the practical problems of hospital administration and to give students systematic instruction in the organization and management of training-schools for nurses.

The general supervision of this course will be in the hands of a trained teacher, who will supplement the work of the special lectures and conduct such excursions and field work as may be found necessary in the successful pursuit of the course. Thus it is proposed during the year to make careful studies of the following subjects:

Laboratories: preparation of culture media; isolation and culture of bacteria; preparation of anti-toxines. Milk Laboratories: modified milk; sterilized milk; Pasteurized milk. Dairies: source of bacteria in milk; effect of bacteria on milk. General hospital. Private hospitals. Special hospitals. Training-schools. Small general hospitals. Insane asylums. Dietary on scientific basis in an insane asylum. Operating theatre: sterilizing plant; preparation for operation; detail work of clinic. Philanthropic organizations: relations to the nursing profession.

#### DETAILED STATEMENT OF COURSES OF INSTRUCTION.

**HOSPITAL ECONOMICS 10—METHODS AND PRACTICE.**—Observation, conference, discussion, and practical work. One point. Hours to be arranged.

This course is designed to meet the needs of teachers in training-schools for nurses. It discusses the principles which underlie training-school work and provides opportunity for the practical application of these principles in teaching.

Required of special students in hospital economics.

**HOSPITAL ECONOMICS 12—HOSPITAL AND TRAINING-SCHOOL ORGANIZATION AND SUPERVISION.**—Lectures, Essays, and discussions. Two points. Hours to be arranged.

This course deals with the problems connected with the organization and management of training-schools and hospitals. The following topics will indicate its general scope: 1. Training-school organization and management,—construction and equipment, planning of the curriculum with special reference to securing a uniform course in the various schools, instruction and grading of students, and all other matters connected both with material and with educational interests. 2. Hospital organization and management,—construction and equipment, organization of ward work, relations to trustees and hospital staff, and other requirements in general administration.

Required of special students in hospital economics.

**PSYCHOLOGY A—ELEMENTS OF PSYCHOLOGY.**—Lectures, practical exercises, and recitations. One and a half points. Professor Thorndike and assistants. Hospital Economics Section (first half-year only) Monday, Wednesday, and Friday at eleven-thirty.

Required of special students in hospital economics.

**EDUCATION 10—EDUCATIONAL PSYCHOLOGY.**—One and a half points. Professor Thorndike. Hospital Economics Section (second half-year only) Monday, Wednesday, and Friday at eleven-thirty.

This course will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of

school practice. It will aim to prepare students for general class-room work and for the courses in the methods of teaching the separate subjects.

Required of special students in hospital economics. Prerequisite: Psychology A.

**BIOLOGY AND PHYSICAL EDUCATION 3**—Lectures, recitations, and laboratory work. Two points. First half-year, physiology—Professor Lloyd and Dr. Bigelow. Second half-year, personal hygiene—Professor Wood. Monday and Wednesday, nine-thirty to eleven-thirty.

The first part of this course involves a study of the activity of cells, tissues, and organs in various organizations, both plants and animals, including man. The second part of the course considers personal health as a problem in vital economics; the human body as an organic machine and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health problems arising from these changes; conditions necessary to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means.

**DOMESTIC SCIENCE 10**—FOODS.—Lectures, laboratory work, essays, and collateral reading. Four points. Mrs. Forrest and assistants. Mondays and Wednesdays, one-thirty to four-thirty, and Fridays at one-thirty. Laboratory fee, seven dollars.

This course covers the following general topics: Composition and nutritive value of foods; fundamental principles and processes of cookery; comparative study of fuels and cooking apparatus. It is designed to give a thorough knowledge of theory and practice in cooking, and to aid the student in arranging subject-matter for teaching. Special attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school.

**DOMESTIC SCIENCE 11**—FOODS, ADVANCED COURSE.—Four points. Professor Kinne, Mrs. Forrest, and assistant. Tuesdays and Fridays, nine-thirty to twelve-thirty, and Tuesdays at two-thirty. Laboratory fee, ten dollars.

This course elaborates and applies the principles established in Course 10. It takes up advanced cookery; preservation of food; cookery for invalids and children; food values and dietaries; planning, cooking, and serving of meals; a waitresses' course and marketing.

Prerequisite: Domestic Science 10 and 12.

Students admitted to advanced standing may elect either half of the course separately. *The lectures on dietetics may be elected alone, counting as one point.* Advanced students will have opportunity for special research in dietetics.

**DOMESTIC SCIENCE 12**—FOOD PRODUCTION AND MANUFACTURE.—Lectures, laboratory work, reading, and excursions. One point. Dr. Vulté. Thursdays, nine-thirty to eleven-thirty.

This course is complementary to Course 10, covering the following special topics: the production of food materials, such as dairy products, manufacture of flours, cereals, spices, etc.; food adulterations and other processes in the preparation of food materials.

**DOMESTIC SCIENCE 13—HOME SANITATION AND ECONOMICS.**—Conferences, lectures, laboratory work, and collateral reading. Two points. Mrs. Forrest. Wednesdays, nine-thirty to twelve-thirty.

This course embraces the following subjects: first half-year—situation and structure of the house, water supply, disposal of waste, heating and ventilation, lighting, healthful furnishing, cleansing of the house; second half-year—development and organization of the home and its adaptation to modern conditions, systematic methods of housekeeping, the cost of living and household accounts, domestic service.

Students admitted to advanced standing and candidates for the Master's diploma may elect either half of the course separately.

**BIOLOGY 12—BACTERIOLOGY.**—Lectures and laboratory work. One point. Professor Lloyd and Dr. Bigelow. Mondays and Wednesdays, nine-thirty and eleven-thirty.

This is a course in applied bacteriology. The lectures, which are associated with practical laboratory work in illustration of the themes, deal with the nature of bacteria and the methods of isolation and recognition of species; the part which bacteria play in nature, and the industrial uses to which they are put; the bacteria of air, water, ice, milk, and foods generally; the methods of sterilization and disinfection; the relation of bacteria to plant and animal disease, and, in connection with this, certain phases of hygiene and household sanitation, and the care of the sick.

This course is given during the second half-year in connection with Biology 3. Students who elect this course must make arrangements with the instructor in advance.

**DOMESTIC SCIENCE 14—HOUSEHOLD CHEMISTRY.**—Lectures, reading, and laboratory work. Two or three points. Dr. Vulté. Tuesdays, nine-thirty to twelve-thirty; Fridays, two-thirty to four-thirty. Laboratory fee, five dollars.

This is a course of instruction designed to present the study of the principal food products, such as sugars, starches, proteids, animal and vegetable fats, water and mineral salts, special attention being given to the changes taking place during the operations of cooking, and to the analytical tests applied to them; the chemical aspects of fermentation and putrefaction, prevention of the same by chemical means and sterilization; corrosive action of food constituents, acids, etc., on utensils; saponification, action of detergents, hard and soft water; testing of milk, butter, cheese, water, etc., for purity; the chemistry of fuels and illuminants.

Students who elect this course as three points must arrange with the instructor for extra hours for laboratory work before registration.

**PHYSICAL EDUCATION 10—APPLIED ANATOMY AND PHYSIOLOGY.**—Lectures, demonstrations, reports, and discussions. Two points. Professor Wood. Mondays and Wednesdays at three-thirty.

This course deals with the methods of teaching anatomy and physiology in training-schools for nurses. The demonstrating materials include skeletons, dissected specimens, and the best French manikins. Students have practice in conducting demonstrations and quizzes, and presenting topics to the class. Time is given to the discussion of the methods of teaching and the best materials and books for use in class work. Papers are prepared on assigned topics.

Required of special students in hospital economics.



## SYLLABUS OF SPECIAL LECTURES ON HOSPITAL ECONOMICS.

## I.—HISTORY OF HOSPITALS.

Three lectures by Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.

*A Brief History of Medicine and Foundation of Hospitals from Earliest Records of History up to Christian Era.*

The systems of medicine of ancient civilizations:

Egyptian and Jewish medicine:

The Mosaic laws—Comparison with sanitary and hygienic measures of to-day

Hindu medicine:

The Bramins and Buddhists—First authentic record in the history of hospitals.

Greek medicine:

The Gods of medicine and their temples; pilgrimages thither of the sick. Superstitions, charms, incantations.

Roman medicine.

The establishment of Christianity—First beginnings of institutional life:

Hospital foundations at Caesarea, Constantinople, Alexandria, etc.

First foundations in France.

Dependencies of religious establishments.

Study of the ecclesiastical machinery of that period.

The Hôtel Dieu at Paris—Outline of its history.

The Middle Ages:

The Crusade—Religious orders and their institutions.

The Knights of St. John of Jerusalem—Their system of hospitals.

Lazarettos—St. Giles—Cripplegate.

English hospitals:

First founded at Canterbury—St. Bartholomew's in 1100—St. Thomas's—Christ's Hospital—Guy's.

The Reformation and gradual emancipation of hospitals from ecclesiastical control.

Brief sketch of Military Hospitals:

Origin and growth—Florence Nightingale—Kaiserswerth.

Record of Ancient Foundations in America:

In Mexico—Canada.

The Hôtel Dieu of Quebec and of Montreal.

United States:

Bellevue, New York—Its early history—Outline of the history of the Philadelphia (Blockley), Pennsylvania—The New York—History of civil administration—Establishment of training-schools—Advance of medical science—Latest statistics.

## BIBLIOGRAPHY.

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 "An Essay on Humanity—A View of Abuses in Hospitals with a Plea for Correcting Them." W. Nolan, London, 1876.  
 "Hospital Construction and Management." F. J. Monat. H. S. Snell, London, 1883.  
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 "Review of the History of Medicine." T. A. Wise, M.D.  
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 "An Account of Bellevue Hospital from 1736 to 1894." Edited by Robert J. Carlisle, M.D.  
 "The History of the Pennsylvania Hospital from 1701 to 1895." By Thomas G. Morton, M.D.  
 "Hospital Construction." Florence Nightingale.  
 "Hospitals, Their Size and Progress. An Address." J. H. Armsby, Albany, 1852.  
 "History of Some American Hospitals." J. H. Armsby, Albany, 1853. (?)  
 "On the Construction and Management of Hospitals." Dr. Jacobi.

## II.—HOSPITAL CONSTRUCTION, SANITATION, AND VENTILATION.

Four lectures by Miss Eva Allerton, Rochester Homœopathic Hospital, Rochester, New York.

Hospitals: Temporary; Permanent.

Location: City—Country.

Drainage—Plumbing—Heating—Lighting—Water supply—Ventilation—Humidity.

Structure.

Kitchen—Laundry.

Serving-rooms—Toilet-rooms.

Contagious Hospitals.

Tuberculosis Hospitals.

Disinfection of Hospitals.

## HOSPITAL ECONOMICS.

### III.—HOSPITAL ADMINISTRATION.

Eight lectures by Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.  
 Organization:

Sketch of method of government of hospitals in England, France, Germany,

Italy, Austria—Hospitals as carried on by religious orders to-day.

Usual organization of American general hospitals.

Governing bodies: The trustees, governors, or Board of Management.

Committees of the trustees: Executive, House, Property, Finance.

Faculty and medical staff—Relation of the trustees thereto.

**The Superintendent—Qualifications.**

Relation and responsibility to trustees, faculty and medical staff, regular hospital staff, patients.

Duties of superintendents.

Outline of domestic organization.

Departmental business relating to the trustees.

Appropriations and expenditures. State aid.

"Political pull." Ordinary receipts.

Appeals for aid. Advertising.

General control of finance. Office work and organization.

Voucher system. "Uniform system of accounts."

Comparative cost of dispensary patients.

Check system of authorizing expenditures.

**Drug Store:**

Receipts and expenditures.

Stock—Manufacturing.

Drugs which deteriorate with keeping.

Prescriptions, at cost, profit, and free—Method of checking up.

House, medical and surgical supplies, cotton, glassware, etc.—Estimates and card catalogue for same—Fluctuations of the market—Cash register.

The apothecary employed, and his commissions from drug houses, etc.

Machinery supplies—with a word as to cotton waste.

Buying—Dealing direct with wholesale houses—Through travelling salesmen—Methods to be observed.

Relation of superintendent to college department, laboratory department.

Central business office—Versus distinctly separate administrations.

Private hospitals—Nurses in charge of independent nursing homes.

**IV.—TRAINING-SCHOOL ADMINISTRATION.**

Four lectures by Isabel Hampton Robb.

The trained nurse in relation to large and small hospitals.

Division of hospital administration.

The nursing department:

Its relation to the other departments.

Its head—Her proper title, qualifications—Personality—Education—Standards—Business qualifications.

Her authority—Its limit—Effect of divided authority—Her relations to a Training-School Committee—Importance of having her own and other official positions clearly defined.

Duties of the head of the nursing department:

Office—Ward—Home—Teaching.

Duties in relation to the domestic department.

Organization of the nursing department: Nursing staff, grades, duties, classified division of work, ward work.

Theoretical and practical instruction.

The accepting and rejecting of probationers: Methods of selection; uniform requirements.

Superintendent's relation to her staff and pupils.

Nursing ethics: For the pupil; for the graduate.

V.—TRAINING-SCHOOL ADMINISTRATION (CONTINUED).

Four lectures by Miss M. M. Riddle.

The Superintendent of Nurses and Matron:

Duties in the nursing department.

Duties in the domestic department.

Duties of assistants.

Salaries.

Division of work in wards: Head nurse, night nurse, day nurses, orderly, ward maid.

Hours: On duty, off duty, Sundays, vacations, time lost.

Placing of pupil-nurses in wards.

Length of service in each—how governed.

Terms of night duty.

Division of work in Domestic Department:

Kitchen—Diet kitchen—Storeroom—Linen-room—Laundry—Cleaning of corridors—Outlying buildings—Nurses' home.

Supplies: Ordering of; methods of exchange.

Book-keeping: Records of candidates; records of probationers; records of pupils; records of head nurses; records of reports, business with trustees, etc.; records of supplies placed in wards, etc.; book-keeping in house departments.

FEEES AND EXPENSES.

For matriculation, five dollars; for tuition, one hundred dollars.

Students who take laboratory courses will be required to pay a special fee for supplies and materials. *It is proposed to make a uniform rate for tuition, after July 1, 1903, of one hundred and fifty dollars per annum in all courses.*

Students' entire expenses have been found to vary from three hundred and twenty-two dollars to five hundred and sixty-one dollars and upwards, averaging about four hundred and fifty dollars.

DORMITORY.

LONGFELLOW AND WHITTIER HALLS.

During the past year the Morningside Realty Company has erected a handsome fireproof building adjoining Teachers College for the purpose of giving to the women students of the college comfortable accommodations at moderate rates. Every room is outside and entirely light, and the arrangement is such that they may be rented singly or in suites of two or three. There are also a limited number of suites consisting of two rooms and private bath. The building is heated by steam and lighted by electricity. There is a complete elevator system, a steam laundry equipped with all the modern machinery, and shower, needle, and tub baths. The public parlors and reception-rooms are on the main floor, and there are also small parlors on each of the sleeping-floors. The main dining-rooms and restaurant are on the top floor, and command wide outlooks over the city and the North and East Rivers. A house-mother is in residence, who is accessible to the students at all times. In addition to the dormitory, which occupies the central portion of the building, there are also a number of apartments in the two end sections, consisting of seven and eight rooms and bath, which are fitted for housekeeping and can be occupied by families. The entrances to the apartments are entirely distinct from those to the dormitory portion of the building.

The prices for single furnished dormitory rooms range from seventy dollars

to one hundred and forty dollars for the school year (approximately nine months), and these include heat, light, and ordinary care. Furnished suites consisting of two bedrooms and study vary from two hundred and twenty-five dollars to three hundred and ten dollars per academic year; and suites of two bedrooms and bath from three hundred and twenty-five dollars to four hundred and twenty-five dollars for the same term. Rents are payable half-yearly in advance. Table board in the dining-rooms is furnished to tenants in the dormitory at the most reasonable rates possible. A descriptive circular with diagrams will be sent to any address on application to the Morningside Realty Company, 1230 Amsterdam Avenue, New York City.

## APPLICATIONS.

It is desired that all applications be made during the spring and early summer. For application papers apply to the chairman of the Board of Examiners, Miss Banfield, Polyclinic Hospital, Philadelphia, Pa.

## ACADEMIC CALENDAR.

- 1902—October 2—Thursday, }  
 October 3—Friday, } Registration days.\*  
 October 4—Saturday, }  
 October 6—Monday. First half-year begins.  
 October 11—Saturday, } Fall examinations for deficient or debarred stu-  
 October 10—Friday, } dents.  
 October 25—Saturday. Last day for payment of first term fees.  
 November 4.—Tuesday. Election Day, holiday.  
 November 27.—Thursday. Thanksgiving Day, holiday.  
 November 28—Friday. Holiday.  
 November 29—Saturday. Holiday.  
 December 22.—Monday  
 to  
 1903—January 3—Saturday, inclusive. Christmas holidays.  
 January 5—Monday. Exercises of the University resumed.  
 January 26.—Monday. Mid-year examinations begin.  
 February 7—Saturday. First half-year ends.  
 February 9—Monday. Second half-year begins.  
 February 12—Thursday. Lincoln's Birthday, holiday.  
 February 21—Saturday. Last day for payment of second term fees.  
 February 22—Sunday. Washington's Birthday.  
 February 23—Monday. Holiday.  
 February 25—Ash Wednesday, holiday.  
 April 10—Good Friday, holiday.  
 May 18—Monday. Final examinations begin.  
 May 30—Saturday. Memorial Day, holiday.  
 June 7—Sunday. Baccalaureate Sermon.  
 June 8—Monday. Class Day.  
 June 10—Wednesday. Commencement Day.  
 October 5—Monday. First half-year begins.

\* It is advisable to register upon October 2 or 3, leaving October 4 to complete other arrangements.

DONATIONS RECEIVED SINCE JUNE 1, 1901, TOWARDS EXPENSES OF  
TEACHERS COLLEGE COURSE, COLUMBIA UNIVERSITY.

Mrs. Sullivan, \$100; Miss D. Kimber, \$100; Illinois Training-School Alumnae, \$100; Mrs. H. W. Sibley (through Miss Allerton), \$25; Mrs. J. S. Watson (through Miss Allerton), \$25; Mrs. Granger A. Hollister (through Miss Allerton), \$25; Miss E. C. Watson (through Miss Allerton), \$25; New England Hospital Alumnae, \$20; Mrs. I. H. Robb, \$10; Miss H. E. Dodge, \$10; Miss I. H. Sutcliffe, \$10; Miss L. Richards, \$10; Miss M. Banfield, \$10; Miss P. L. Dolliver, \$10; Miss M. E. P. Davis, \$10; Miss A. G. Clement, \$10; Miss M. McMillan, \$10; Miss M. A. Snively, \$10; Miss M. S. Gilmour, \$10; Miss I. F. Giles, \$10; Miss McKechnie, \$10; Miss McDonnel, \$10; Miss M. M. Riddle, \$10; Miss A. Gorman, \$10; Miss A. L. Alline, \$10; Five Friends, \$14; Miss C. C. Phelps (through Mrs. Robb), \$5; Miss Larned (through Mrs. Robb), \$5.



## BOOK REVIEWS



DOROTHEA LYNDE DIX. 1802-1887.

By no means a new book is Francis Tiffany's "Life of Dorothea Lynde Dix," yet I venture to say there are many of us who know too little of the woman, the story of whose splendid achievements forms, under Mr. Tiffany's hand, a tale to interest every earnest soul who rejoices in successful effort to help the helpless. Here are lessons for all, from the one whose only opportunity is to help the lame dog over the stile, to the legislators who stand guard over the institutions of our land in providential watchfulness. Finding himself swamped in a huge and chaotic correspondence which Miss Dix never meant to go into publication, Mr. Tiffany feels he can allow all of it to go by and let the actual existing monuments of her untiring zeal, her unflagging patience, speak for themselves—and speak they do to the very hearts of his readers as he holds up, with splendid effect, picture after picture for us to look at and to learn from.

One catches the spirit of the biographer, who claims for his own country all the glory one naturally looks for far back in remote years and distant countries,—St. Theresa of Spain, he says, or Santa Chiara of Assisi. Their amazing works, their wonderful lives, are paralleled by this gentle New England old maid of our own time, or so near to it that we may claim her. One passes, not without pity, the early years of a life hemmed in by severest discipline: the child who passionately throws away her hateful task of binding and sewing ranting tracts, and accepts in preference to her father's disordered household the stern order of her grandmother; the young school-mistress at fourteen, her sleeves lengthened and her hair done grown up—to command the respect of her pupils, of which she was so sensitive; even the time when she reaches the acme of her early ambition, and, as mistress of her own boarding-school, tries to bring the varying standard of her average pupils to the level of her own character. Even here, her desire gained, she is heart hungry—all the influences of the social condition of her time tend to lead only to starvation pastures. Her health gives way, and at thirty-four years of age comes one of those breaking-up times in life that seems like the end of all things, while it is in reality the starting-point of new, vigorous growth. Two years of life in England, by no means idle, and she is back in her native land, fairly well and strong. A small source of revenue formed partly by her own savings and partly from a legacy from her grandmother makes it possible for her to look about her and apply her energies where they will find scope. She enters an open door by the veriest chance,—sees somewhat amiss in the East Cambridge House of Correction, and pursues her investigations to the jail of the city. The sight of the shivering misery of the few insane inmates sets her thinking. She procures a fire for these, but the thought has entered her mind—she will see how others fare. Note-book in hand, she starts forth and begins an investigation of prisons, almshouses, houses of detention of whatever character they may be,—wherever in the State of Massachusetts there were to be found insane or helpless deficient-minded beings, either under care of hired or State keepers, or kept under restraint by friends and relatives. Two years of hard and patient labor in Massachusetts brought her before the Legislature with a "memorial" setting forth abuses almost incredible in num-

ber and magnitude. She is immediately assailed by the great pack of traders in human misery, keepers, minders, nurses; a great cry of adverse criticism arises; there is stone-throwing and dust-raising. Miss Dix stands firm; every charge is substantiated and sworn to by witnesses. She has done her work so that her foes find it hard to make any headway against it, and, moreover, a great army of friends and sympathizers rises up and comes flocking to her support, rejoicing in the prospect of casting out of the State the reproach of having their "insane confined in cages, cellars, closets, pens; chained, naked, beaten, lashed into obedience." The bill for "immediate relief" is carried by a large majority. But no reaction follows this glorious success.

Rhode Island is next attacked; there she but repeats the tale of Massachusetts, and so through each State as she takes it up—asylums built, conditions for the insane miraculously changed. She sets her hand to a larger scheme.

There is no story in fiction more thrilling than that of Miss Dix's twelve-million-acre land bill, the sale of public lands for the benefit of the insane, blind, deaf, and dumb. Summer heat and winter cold she braved, electioneering, working, praying, hoping, and is justified by her success, for her bill passed in the Senate but was vetoed by the President. Mr. Tiffany does not explain satisfactorily, to one reader at least, the arbitrary action of the President in vetoing the bill of his Senate.

To recover from this blow Miss Dix made her second journey across the Atlantic, where we find her ordering ministers of State as lackeys, moving the Queen of England by proxy, and the Pope of Rome by personal interview, calling to the mightiest in every land to look to the feeble, the helpless. The concessions made by these conservative old-world peoples of privileges and castes she is perfectly oblivious to.

But once again back in America. When the poor, unshaven, shabby host of a road-house in Texas refuses with emotion expressed in expletives to take payment for her dinner, and asks only that he and his children may shake her hand, tears come to her eyes at the "kindness of everybody."

It is with the kindest, gentlest of touches that Mr. Tiffany passes over her career as chief executive of nursing during the Civil War. We follow his example and disdain detraction, yet it seems only natural and right that one whose whole life was spent in making the crooked straight, the rough places plain, bringing order out of chaos, should be out of her proper element in serving in any capacity the great misery and disorder-making machine that war must ever be.

But read the book. No rapid skimming flight over the events it chronicles begins to give any adequate idea of the far-reaching, splendid success attained by the subject of it, who is at once the gentlest and most powerful lady in the land.

M. E. C.

THE second edition of Miss Kimber's well-known "Text-Book on Anatomy and Physiology for Nurses" has appeared. This book, which has become a classic among nurses' text-books, and which is in wide and general use, is too well known to need a full review. The material has been recast, and in certain chapters largely rewritten, Dr. Percy M. Dawson, of the Johns Hopkins University, having assisted in the whole revision, and especially in the chapter on the nervous system, so extensively that Miss Kimber in her preface says she would have been glad to place his name with hers on the title-page. A number of new drawings have been made specially for this edition, including ten original ones by Dr. Dawson.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



DISCOVERY OF CHLOROFORM AND ETHER.—The *Journal of the American Medical Association* states in answer to a correspondent that chloroform is said to have been discovered in 1831 independently by Leibig, Soubeiran, and Guthrie. Its chemical composition was first determined by Dumas in 1834. Chloroform was experimentally studied by Flourens in 1847, and was first employed in surgical anaesthesia on November 15, 1847, by Sir James G. Simpson in Edinburgh. It had previously been used in obstetrics.

Ether was discovered, it is said, by Valerius Cordus in 1540, and was called by him *oleum vitrioli dulce*. Another authority says that the substance was discovered by an Arabian chemist, Djabar Geber, and its method of manufacture by Dr. Michael Morris. It was employed as early as 1785 as an inhalation for asthma, and its narcotic properties caused it to be used in the treatment of phthisis early in the nineteenth century. About 1840 it was common among medical students to inhale ether in order to experience the exhilarating effects. In 1842 Dr. Crawford W. Long, of Jefferson County, Ga., administered ether for the removal of a small tumor and for several subsequent minor operations. William T. G. Morton, a dentist of Boston, also claimed to have been the first to employ ether as an anaesthetic, and he administered ether on October 17, 1846, in the Massachusetts General Hospital, Boston, for Dr. Warren.

INFANTILE GASTRO-INTESTINAL AFFECTIONS.—The same journal gives a synopsis of an article on this subject from the *Brazil Medico* of Rio Janeiro. It says Meirelles claims that the diagnosis of gastro-intestinal affections should be based on the chemical reaction of the saliva, stomach contents, or stools, and not on the clinical demonstrations of gastritis, enteritis, and diarrhoea. Infantile gastro-intestinal disturbances are rarely idiopathic. Fully ninety per cent. are due to the contents rather than to the alimentary canal itself. He determines the acidity or alkalinity of the saliva, vomitus, or stools with litmus paper, and treats the disturbances by merely neutralizing the excess of either acid or alkali. He has been treating infants for nine years on these principles with invariable success. It is a scientific method, and sweeps away at one stroke all the confusion of gastritis, colitis, and all other terms which express in reality merely the results of excessively acid or excessively alkaline conditions. He has found a two per cent. solution of lactic acid effectual in restoring abnormally alkaline conditions to normal, while in case of a very acid reaction he administers every hour a teaspoonful of a mixture consisting of sixty grammes of fluid magnesia, two grammes of soda bicarbonate, and 1.5 grammes of sodium salicylate. He does not give milk for twelve hours and keeps the child on water in severe cases. The alkaline mixture is given before and after taking well-alkalinized milk. Boas has pointed out that the albumenoids are well digested in a hyperacid medium, while the carbohydrates and fats are imperfectly digested.

The neutralization is supplemented, of course, by calomel and other measures as indicated by the individual case. In case of stomatitis or other lesions of the mouth, an excessively acid saliva maintains them. The mouth should be disinfected, but not with boric acid, as this directly adds to the acidity and aggravates the lesion. A good mouth-wash in such acid cases is six parts each of sodium salicylate and borax in two hundred parts of water. When the vomitus or stools, or both, give an alkaline reaction he administers a teaspoonful of a two per cent. solution of lactic acid every ten or fifteen minutes. He adds to his communication the case report of an adult created on these principles with prompt cure of the gastro-intestinal affection.

NON-ALCOHOLISM IN GREECE.—The *Greece Medicale* of Syria calls attention to the fact that although the use of light wines is almost universal in Greece, alcoholism is practically unknown there. The purity of the wine drunk is supposed to account for this. It is made exclusively from grapes, and so contains the most harmless form of alcohol. There was no word for alcoholism in the ancient Greek language, showing that the condition was unknown.

NAUSEA AND VOMITING AFTER ETHER.—Dr. Ralph J. Hess has a paper on this subject in the *Medical Record*, in which he attributes the vomiting to the excretion of ether by the mucous membrane of the stomach acting as a gastric irritant and later producing gastritis. To prevent this effect the ether should be diluted as it is excreted. A glass of water drunk immediately before the ether is given serves to hold in solution considerable ether. Limiting the amount given and the strength of the vapor is also an important factor.

A NEW ANÆSTHETIC.—The *Philadelphia Medical Journal* mentions a new anæsthetic, acoine, which it says is destined to rival cocaine, morphine, chloral, and other anæsthetics. A drop upon a gnawing tooth diminishes pain. It is claimed that it is not toxic. Its properties were recently reported to the French Academy of Medicine by Dr. Chauvel, based upon experiments.

BURNING WITH A HOT-WATER BAG.—A suit which is of interest to nurses has just been tried for the fourth time. The *Boston Medical and Surgical Journal* says Miss Helen Ward brought suit against St. Vincent's Hospital to recover thirty thousand dollars damages for injuries alleged to have been received by improper treatment at the hospital. This resulted on March 21 in a verdict in her favor for nineteen thousand four hundred and twenty dollars, which includes an allowance for counsel's fees. Miss Ward, who is a sister-in-law of ex-Judge Howland, had an operation performed on one of her legs while she was a private patient at the hospital, and after the operation a nurse carelessly allowed a hot-water bag to remain in contact with the limb, in consequence of which, it was claimed, permanent injury had resulted. At the first trial of the suit the case was dismissed; the second resulted in a disagreement of the jury; on the third trial she secured a verdict for ten thousand dollars. The case was then appealed, and the Appellate Division reversed the judgment on the ground that the hospital was not bound to provide a patient, even though a private patient, with its best nurse, and ordered a new trial, which resulted as above.

**SHOULD MILK BE BOILED?**—Dr. W. R. Ransom, in the *British Medical Journal*, says there is no solid evidence to show that milk raised to its boiling-point or to the temperature of boiling water for ten minutes or a quarter of an hour suffers any loss of its nourishing qualities. Nor if it is consumed within twenty-four hours is it likely it will cause infantile scurvy. The same is true of Pasteurized milk. None of these methods render the milk absolutely sterile, but they do kill the majority of the germs. If the milk is kept cool and used within twelve hours few or no spores will have developed into bacilli. Heating to 212° F. or the boiling point is the most reliable and effectual process. In times of epidemic summer diarrhoea the heating should be prolonged for at least half an hour and the milk drunk within a few hours, or subjected again to the process, as the spores of the bacillus sporogenes enteritidis have great resistive powers. Milk, whether raw or sterilized, should be drunk as fresh as possible to diminish the liability to diseases of the stomach, intestines, and of nutrition. Infants should never be exposed to the dangers that lurk in raw milk.

**STERILIZING CATHETERS.**—In the same journal there is a valuable contribution by Dr. F. J. Cotton, recommending two methods of sterilizing gum-elastic catheters and bougies. First by boiling them in a saturated solution of ammoniac sulphate or of common salt. He claims that all the gum-elastic catheters, bougies, and filiform bougies usually sold may be boiled in either of these solutions repeatedly and for long periods without essential damage. He thinks that these methods are fitted to remove the reproach of gum-elastic instruments that they are not sterile and to make them as thoroughly aseptic as metal instruments.

**ANTISEPTIC DRESSING.**—Dr. Sharpe in the *New Orleans Medical and Surgical Journal* describes an antiseptic dressing consisting of gum-camphor and carbolic acid triturated together until they form a liquid. Olive oil is added in a proportion of one part of the liquid to three or six of olive oil, in which it is soluble. It is practically a local anæsthetic, and he thinks it the best all-round aseptic and antiseptic dressing he has ever used. He finds it very soothing for burns, stimulating healthy granulations, and a good local application in eczema, tetter, erysipelas, etc. It is not merely a surface remedy, but penetrates into the diseased tissues. He asks whether, as camphor and carbolic acid make a non-toxic compound, camphor would not be an antidote to carbolic-acid poisoning.

**ACTION OF QUININE UPON THE PARASITE OF MALARIA.**—The *New York Medical Journal* quotes from a foreign exchange a paper on this subject. The authors found that when a drop of solution of quinine bi-sulphate in distilled water was placed on the edge of a cover-glass having a dry preparation of malarial blood certain changes occurred in the parasites which were in proportion to the strength of the quinine solution. If this were very weak, the parasites rapidly contracted, and after a few minutes expanded again to give exit to a number of pseudopods. Greater concentrations of the solution brought about more marked degrees of stimulation in the parasites, and the latter ended by detaching themselves from their red cells. If the solution were very strong, however, the parasite contracted permanently and remained in the red cells. They found by experiments with quinine upon patients that the dose required varied in the different forms of malarial infection.

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

IN the hospital for consumptives, which is an annex of the Erie County Hospital, in Buffalo, N. Y., experts concede that Erie County is in possession of one of the most complete equipments for the treatment of consumptives in the United States. Its superiority over all similar institutions in the Empire State is acknowledged. The new institution, complete and ready for the reception of patients, was first opened to the public on March 28. Throughout the interval between the hours of eleven and five o'clock Dr. E. J. Gilray, medical superintendent of the Erie County Hospital, and his staff received persons interested in the new institution and directed their inspection. Among the visitors were many prominent physicians of Buffalo and medical men from other cities professionally interested in the modern apparatus there installed. The hospital is located southeast of the main hospital, with which it is connected by a long hall-way. The idea has been to isolate it as much as possible from the other departments. It is an imposing structure, two stories in height and built of hammer-dressed stone. To the south is a broad expanse of meadow, which will be the roaming grounds for the male patients. On the north side is another large plot for the female patients. The upper portion of the building is for the exclusive use of female patients and will accommodate sixteen. The lower portion of the building is for male patients and will care for thirty-four. The accommodations were based on the relative number of female and male patients as determined by medical statistics. The sanitary and drainage system is apart from that of the main institution and is very complete. Everywhere possible light has been let in and fresh air provided, and by the use of the solariums patients may at all times of the day enjoy Nature's elements. Modern bath- and toilet-rooms are liberally provided, with every known apparatus and device known to medical science in the treatment of tuberculosis.

THE New York County Visiting Committee for Bellevue Hospital and other institutions declares in its annual report, just issued by its president, Dr. George G. Wheelock, that larger quarters are needed in the Harlem and Fordham Reception Hospitals and in the City Lodging-House. Bellevue, the committee reports, needs repainting throughout, with new floors, new plumbing, a system of electric lighting and elevators, though an entirely new building would be better. The Harlem Hospital needs a new site and the buildings should be better. In the present hospital the bathing facilities are wholly inadequate. Fordham Hospital occupies leased property, and the buildings do not belong to the city. Building operations in the neighborhood have made it very uncomfortable for the patients, and there is no ward for children, of whom many are received as patients. Nor has the hospital any crematory, the used dressings being burned in a vacant lot. Another feature of the hospital's service which the committee criticises is the long distance over which patients are transported. Some of them have to be carried seven miles, and in emergency cases this has at times resulted in death. The committee therefore recommends the erection of a small emergency hospital

in the eastern part of The Bronx. It is also recommended that female nurses be employed in preference to men, with orderlies to assist them in the heavy work of caring for the patients.—*New York Medical Record*.

**STATE HOSPITAL BOARDS ABOLISHED.**—Governor Odell, of New York, has signed the bill abolishing the Boards of Managers of the State Hospitals for the Insane. The Boards of Managers of these institutions lost their offices on April 1, and the State Commission in Lunacy has assumed charge of the hospitals. The Governor will appoint Boards of Visitation for each of the hospitals.

THE Commissioner of Health of New York City has set on foot a movement for the establishment of a public hospital for contagious diseases in each of the five boroughs of the city. Nothing is more needed than these hospitals, and it will be an inestimable boon to the public if they are built.

#### TRAINING-SCHOOL NOTES

AN interesting service was held at the Orange Training-School on March 18 for the awarding of the Maltese gold cross to Miss Florence G. Hauer for special meritorious work. This service was conducted by Archdeacon Manus, and the cross was given by the president of the school. Following the service was a demonstration in charge of Mrs. Smith, the superintendent of the school, which consisted of a sham operation conducted by pupil nurses. A prize essay was also read by Miss Schoolbred on "Preventive Measures in Contagious Diseases." The prize was given by the superintendent and was *THE AMERICAN JOURNAL OF NURSING* for one year. The exercises were largely attended and great interest was manifested in the work of the school. An infirmary for nurses, both graduate and pupil, will shortly be erected on the Training-School property. It will be kept exclusively for contagious diseases, and will be made as germ proof as possible. Graduate nurses have taken a very active and energetic interest in this project, and one-quarter of the entire cost of the building has been pledged by them.

OWING to the ill-health of her mother, Miss Martha P. Parker has resigned her position as superintendent of the Salem Hospital at Salem, Mass. She has held the position since January 1, 1894.

A farewell reception was given Miss Parker. The Alumnae Association presented her with a beautiful desk set in silver, the present pupils of the School gave an exquisite set of bread and butter plates in Haviland ware, and the employés of the hospital a handsome silver candelabra. A pleasant social hour was passed.

Miss Louise Seldes, a graduate of a Philadelphia Training-School and former supervisor at Salem Almshouse, has been appointed to succeed Miss Parker.

MISS GILMOUR, the successor of Miss Darchis on Blackwell's Island, has, with the help of Mrs. Cadwalader Jones, who has always been a pillar of strength behind the Training-School,—planned for a three-years' course to be given in October. There will be three-months' preliminary training, the details of which we hope soon to learn. The Commissioner of Charities has approved the plan, which cannot but greatly benefit the five city hospitals which are nursed by this school. Miss Darchis's ideal of a Department of Nursing for the City of New

York may yet come to be realized, and we are grateful that her mantle has fallen on Miss Gilmour's shoulders, and hope Mrs. Jones may ever stand by the school.

MISS EDITH MAYON has recently been appointed superintendent of the hospital at London, Ontario. Miss Mayon is an Englishwoman trained at the Illinois Training-School in Chicago, and has held a number of institution positions in the United States and Canada.

MISS MARIE AEBISHER has resigned her position as head surgical nurse in Cook County Hospital to assume the duties of superintendent of nurses at a hospital in Salida, Col. Her position will be filled by Miss Robb, of the Class of 1891.

THE Bellevue Training-School reports a lengthened course,—two years and six months. The managers also offer a year's training to such of their graduates as show executive ability in the management of Training-School and hospital.

MISS LOWRY, assistant at the Homœopathic Hospital, Rochester, has resigned, and will be succeeded by Miss Underhill, one of the last year's graduates of the course in hospital economics at Teachers' College, New York.

MISS HAY, of the Class of 1895, of the Illinois Training-School, has been appointed superintendent of nurses in the County Institution at Dunning. Miss Hay will have some good openings for head nurses.

WE are advised that the Board of Managers of the New York Hospital refused to accept Miss Irene Sutcliffe's resignation, but have granted her an indefinite leave of absence on account of ill-health.

MISS LILLIAN HUFFCUT has resigned as superintendent of nurses of the Children's Hospital, San Francisco, Cal., and will take a long rest.

THE New Jersey State Hospital for the Insane at Trenton is to have a training-school for nurses.





## THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BILTMORE, N. C.—At a meeting of the members of St. Barnabas' Guild for Trained Nurses the following memorial was adopted and a copy of the same directed to be sent to the family of Miss Buxton and printed in a city paper and in THE AMERICAN JOURNAL OF NURSING:

"It is with deep sorrow that we note to-day the absence of our secretary, Miss Fanny Buxton, and know that she will not again meet with us, God having called her to lay down the burden and the care of life and enter the rest reserved for the people of God.

"One of the most interested in the purpose of the guild, she was also most active in effecting its organization and in attending to the details of its work. With many home cares and responsibilities, and with frequent calls of a professional character, she yet seemed always able to undertake a little more and to give the benediction of her gentle, womanly personality and her capacity for administration to the many works that appealed to her. When a duty presented itself, or an opportunity to be of use, she never withheld what she had of strength or capacity, and this, as we now fear, to an extent which her physical powers did not warrant.

"Still we feel that rest came to her as she would have chosen—in doing what she could—and in the consolation that her last work was ministering to the needs of the venerable and venerated parent to whom her presence was so soothing and her care so tenderly sweet.

"We shall miss her sadly from our number, but there will remain with those of us who have been privileged to know her an abiding memory of a strong, sweet, and helpful spirit, whose labors of love and abiding faith we will do well to try and emulate."

BROOKLYN, N. Y.—The regular monthly meeting of the Guild of St. Barnabas was held on March 17 in Grace Church on the Heights, with a good attendance. The chaplain made an address of welcome to a new active member who was received. At the business meeting following the service Mrs. A. B. Hunter, of St. Augustine's School, Raleigh, N. C., gave an interesting account of the colored Training-School for Nurses in her charge. One member resigned. A very pleasant social half-hour was held and refreshments were served.

EPIPHANY BRANCH, CHICAGO.—Though still small, this branch has hopes for an increase in both membership and interest for the new guild year. The regular meetings are held on the second Thursday of each month. In March, after the service, Miss Fulmer, superintendent of the Visiting Nurses' Association, gave an interesting talk along guild lines. Many suggestions were made, most of which are probably old to many branches, but which came to us as quite new.



Especially were we pleased with the suggestion of a St. Barnabas Guild pew in the church, open to all nurses at all times.

Our weakest point thus far is in the lack of associate members, to whom, of course, we must look for much of the necessary administration. Next year we will make a better showing.

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GRACE BRANCH, CHICAGO.—The regular monthly meeting of Grace Branch of St. Barnabas Guild was held at the Parish House Monday evening, March 3. Rev. George Wright, the chaplain of the guild, presided. Those present were Rev. Mr. Jewell, rector of Grace Church, Mrs. Bailey, Mrs. Reeme, and Miss Lane, associates, and Misses Small, Andrews, Johnson, Moll, Wiltsie, Parkinson, Fulmer, Ritchie, Thorne, active members. There were also two guests. Miss Reeme, the secretary, read the annual reports, which were approved. The election of officers followed. The secretary was instructed to cast the ballot for the ticket as read. The following were elected: Dr. Helen Osborne, secretary; Dr. Helen Williams, assistant secretary; Mrs. L. L. Gregory, treasurer; Misses Small and Fulmer, correspondents for the Guild Department in *THE AMERICAN JOURNAL OF NURSING*. The motion to hereafter have St. Barnabas Day for the annual meeting was carried. Annual fees, etc., will fall due at that time.

Miss Emily Parkinson, of Guy's Hospital, London, was admitted to membership. The guild seems in a most prosperous condition, but we are much at sea to know just what special line of work to take up for the year. The secretary, Dr. Helen Osborne, Hotel Virginia, will be glad of suggestions along this line. Any communications for this department will be gladly received by the correspondents. Graduates from eleven training-schools are represented on our membership list at present. Four of our members belong to the Visiting Nurse Association staff. Miss Johnson, of St. Joseph's, has just been elected treasurer of the Illinois State Society of Nurses. Our next meeting will be a social affair and the usual guild service. We trust our associates and members will take a personal interest in making the Convention of the Trained Nurses' Associated Alumnae a success, as it is the first time this organization has convened in the West. The date is May 1, 2, and 3, with head-quarters at the Lexington Hotel.

Miss Almeda Goodspeed, a graduate of Boston City Hospital, has transferred her membership to us from the Philadelphia Branch.

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NEWPORT.—Since the last letter was written the Newport Branch has had four meetings and four new members have been received. There have been no entertainments during Lent. On March 13, instead of having the usual guild service, we attended the regular Thursday evening Lenten service in Kay Chapel and heard a sermon by the Rev. W. E. Roberts, of Boston. At the business meeting which followed in Trinity Guild Hall the chaplain said that some of the members had offered to do sewing for the poor. This offer was gladly accepted by the Woman's Auxiliary. We had the pleasure of seeing Miss Dame, of the Boston Branch, at this meeting. We are always glad to welcome members from other branches. We only wish they would tell us something of their work, as it is always interesting to hear of the guild's progress in other places, and often it is helpful and suggestive. Mrs. Warrall is slowly recovering from a serious illness. The April meeting was at St. George's Church and was followed by a social tea in the Guild Hall.

NEW YORK BRANCH.—The regular monthly church service of the guild was held on the evening of March 17. We regretted not having our chaplain with us. He was very ill at the time, but we rejoice to say he is up and around now. After a short service we had a very interesting business meeting in the guild rooms. There is, indeed, a renewed interest in our guild, and we hope it will increase and last, and we feel it will as long as we can have our greatest workers with us—our dear secretary and chaplain. We indeed owe them our thanks. There are a great many new members coming in. We ought to have at least five hundred members (but we wouldn't want them all to attend one business meeting at one time). A matron has been appointed for our Summer Home, where so many of us will be glad to throw our bags down and rest awhile. Invitations are out for a birthday tea for the home, to be given at the residence of one of our associate members, Mrs. R. J. Hall, 147 West Ninety-seventh Street.

ORANGE, N. J.—A regular meeting was held at the Training-School, March 27, at eight P.M. Owing to the pressure of the Holy Week services the chaplain was unable to be present. The service and business meeting were conducted by the Rev. Oscar Moore, curate of Grace Church, and no address was given. The sewing meetings have been held every Thursday in the interests of the Guild Fair, which, we remind our members, will be held in the Memorial Parish House, Grace Church, Orange, on Thursday, May 15. Distant members are still asked to show their interest by sending contributions and orders, which will be attended to promptly, and let no one wilfully remain absent who can attend that day, bearing in mind how many we help besides ourselves when we help to swell the sick relief fund. It is very gratifying to report that work is expected to be begun very shortly on the Isolation Infirmary, as the greater part of the amount required has already been promised.

Mrs. A. M. Holmes, an associate, living in Fairmont, Minn., passed away after a short illness March 9. In her far-off home her association with the guild had been a source of very great pleasure and interest to her.

Miss Helen Stephen has had to relinquish her work for awhile and sailed for England April 2, to remain away about six weeks.

Miss Anna Greatsinger, after an enforced inactivity of over a year, has been able to resume work.

TRINITY BRANCH, CHICAGO.—The regular monthly meeting of the Guild of St. Barnabas was held in Trinity Parish House Monday evening, March 3, the Rev. William White Wilson presiding. After the secretary's report, several names were presented for membership, which names were given to the Membership Committee for investigation. Mr. Bouchier, the treasurer of the sick benefit fund, read a gratifying report of Mrs. Kunz Baker's entertainment, which took place in the Parish House February 22. The proceeds amounted to between sixty and seventy dollars. A cordial vote of thanks was given to Mrs. Baker and the ladies who assisted her on that evening.

A resolution of sympathy was sent to Mrs. Rouse, the treasurer of the guild, who has been ill for several weeks. We trust she may be with us for our April meeting. We greatly miss her when she is absent. Refreshments were served, after which a pleasant talk was given by Dr. King to the nurses present. We are always glad to have a talk from any medical man interested in the guild. The meeting then adjourned.

## PRACTICAL HINTS



SUGGESTIONS FROM A DISTRICT NURSE.—We treat many cases of trachoma and simple conjunctivitis, both in the dispensary and outside in the homes. These eye cases are remarkably prevalent among poor and badly nourished children. The little Italians seem to be especially attacked by these infections, and one finds among them so many cases of loss of sight in one eye from infantile or childhood's eye-trouble. What the reason is, whether they are more poorly fed, or whether their mothers are less careful than others, would be a little hard to determine. I am told that the colored people also have very weak conjunctivæ, but I do not know this from experience, as I see few of them. We never see a child on the street with conjunctivitis without stopping and inquiring where its home is; then without delay go to call on the mother, and find out whether the child's eye is receiving attention or not. If not, we, of course, urge a physician or dispensary, often taking the child there; also teaching the mother about isolation and boiling of towels and night-dresses, and showing her how to prepare the boric powder which is dispensed to her.

For our own procedure we usually flush these eyes thoroughly with boric acid solution or Thiersch solution, warm.

I always stand behind the patient, placing him on a seat with a rather low back, so that the head may be tilted backward. He is prepared by having a large rubber bib placed around his neck, and can, as a rule, himself hold in place the curved basin to catch the stream. I always prefer to use a fountain syringe for the solution, hung not very high, so that the flow is gentle. I like the bag for several reasons: the steady flow is much more satisfactory than the interrupted spurting of a cotton wad or small syringe, and one can hold the eyelids open much more steadily and gently with one hand when the other has no motions to make, such as filling and expelling the solution from a small eye-syringe. The continuous gentle flow of the stream across the eyeball seems to act as a tonic, and then—very important, I think—the patients like it. I find that after having had their eyes irrigated in this fashion they think no other method is worth anything. I often have patients come in who have been treated differently elsewhere and say: "Not use any bag like you. Only cotton; no warm water; all cold; no good." To do this flushing I take my place behind the patient, as one is then safe from having spray flash into one's own eyes; then, everting both eyelids and holding them firmly, so that the entire conjunctival lining is exposed, I let the stream run over them for a full moment or so.

Small children and babies, of course, cannot take this position very well. If I am alone with the patient, I first swathe the child so as to pinion its arms, and then have the mother hold it, in the recumbent position, so that its head hangs over a basin. I then proceed as before. Larger children can also be treated in the same way, lying on their backs across the mother's lap, with head a little downward over a basin, the hair being firmly drawn back out of the way. One does not always have rubber sheets and curved basins at hand in district nursing, and must manage as best one can. However, a nail can always be found to hang up the bag carried in one's kit. I usually have a straight

glass point, which is boiled daily, in the tube, but with small children who resist and struggle I take it out for fear of an accident, and use only the rubber tubing.

For the swelling of the lids I see both hot and iced compresses used. Some surgeons seem to prefer one as a routine and some the other. But from my practical observations (and though a nurse is not to diagnose, yet she cannot help coming to some conclusions as she watches her cases) I think the best results come from combining the two. The hot compresses relieve the pain nicely and do good if they are used just occasionally, say two or three times a day for five or ten minutes at a time, but if they are overdone they seem to be injurious. I remember one case where our surgeon, called in consultation, told us that the eye had been destroyed by continuous hot compresses. They had acted as a poultice, and had completely softened it to a pulp. The iced compresses—thin layers of linen or gauze taken from a block of ice in the usual way—tone up the flabby, weakened lids and restore their muscular tone.

In some cases I have had hot applications ordered, and the patient complained that they caused fresh pain. In such cases I discontinue them at once and report to the doctor for other orders.

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THERE should be as frequent bathing in disease of the skin as in health—if not more frequent. If the skin be inflamed, the water should be warm or tepid. The use of cold water or soap and rubbing with towels are to be avoided as too irritating.

Skin disease is very obstinate, and should be treated constantly and continuously.

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INDIRECT contagion is more alarming than direct in that, in the latter, people are more on their guard. Public drinking-cups, combs, and brushes are common vehicles of indirect contagion. The nurse who is not careful can easily scatter contagion by unconsciously placing an unwashed hand on a door-knob or article of furniture or clothing liable to be touched by others.

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CLIPPING the ends of the hair will not assist its growth. It is the treatment of the scalp by stimulation and cleanliness which keeps the hair healthy. In cities the hair should be washed from every two to four weeks. It keeps much cleaner in the country.

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IN turning a bed-patient on the side care should be taken that the hips and legs as well as the shoulders are properly turned, in this way the centre of gravity being properly maintained.

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IF there be a thrombus in the leg, the latter should not be rubbed, as by rubbing the clot is apt to be liberated, and should it be carried to the lungs it might cause death.

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VERY little lemon or orange should be added to albumen water, as too much acidity is liable to cause vomiting or to coagulate milk if the patient be allowed it.

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A HIGH enema is at times accomplished by the position of the patient or the amount of fluid injected—the insertion of the rectal tube not then being necessary.

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]



The Lexington Hotel, corner of Twenty-second Street and Michigan Avenue, Chicago, the meeting place of the fifth annual convention of the Trained Nurses' Associated Alumnae of the United States, whose sessions will be held on Thursday, Friday, and Saturday, May 1, 2, and 3.

## ANNUAL MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION.

THE first annual meeting of the New York State Nurses' Association was held in Humane Society Hall at Albany April 15, 1902. The meeting was called to order by the president at ten A.M. with a few opening remarks. After roll-call and reading of minutes of the last meeting by the secretary, the treasurer's report was read and accepted.

Miss S. F. Palmer, chairman of the Committee on Incorporation, reported that the papers of incorporation of the New York State Nurses' Association were registered at the County Clerk's office in New York City and at the office of the Secretary of State at Albany, all requirements of the law having been complied with.

It was moved and carried that the completion of the by-laws be made the order of the morning.

The first and most important of the additional by-laws was on admission and representation, and is as follows:

"SECTION 1. Societies of nurses desirous of membership in the State Association shall make application in writing to the secretary of the association at least two months before a regular meeting, signed by the president and secretary of the local society, accompanied by a copy of their constitution and by-laws, with the annual dues for one year. The application of individuals shall also be made to the secretary two months before a regular meeting, and be accompanied by the full name and address, with the name of school and date of graduation, accompanied by the annual dues for one year.

"SECTION 2. Societies of nurses whose credentials have been endorsed by the Credentials Committee and whose application for membership in the State Association has been accepted by the association at a regular meeting shall be entitled to send delegates to all meetings of the association, and these delegates shall be entitled to cast one vote for each ten members of such society who are resident in the State of New York; but members of such societies who vote as founders or charter members or as permanent members shall not be included in this estimate.

"SECTION 3. The delegates who are actually present from local societies at the State meetings shall deposit the whole number of votes to which their societies are entitled as shown by the credentials which they shall bring with them from the secretaries of their societies.

"SECTION 4. The votes of individuals shall be cast in person.

"SECTION 5. New members may be admitted at any regular meeting of the association.

"SECTION 6. Members in arrears for one year shall not be entitled to the privileges of the association."

The next article accepted related to the formation of committees and instructions as to their mode of action.

The article on Dues and Fees was next considered and accepted:

"DUES AND FEES.—The dues for individual members shall be one dollar a year, and for societies at the rate of one dollar for each ten members, payable at the annual meeting."

After considering the remainder of the by-laws presented, a motion was made and carried that *THE AMERICAN JOURNAL OF NURSING* be the recognized voice of the association and the reports of regular and annual meetings be sent to it for publication.



The afternoon session was chiefly given up to the election of officers and committees for the coming year.

Of the names submitted by the Nominating Committee the following were elected:

President, Miss Isabel Merritt, Cherry Valley; first vice-president, Miss Julia E. Baily, Rochester; second vice-president, Miss E. J. Keating, Buffalo; secretary, Miss E. C. Sanford, Rochester; treasurer, Miss Mary Brooks, Saratoga.

Trustees.—One year, Miss Maxwell, New York; two years, Miss S. F. Palmer, Rochester; three years, Miss Dock, New York.

The following were nominated and elected from the floor to serve with the officers and trustees as an Executive Committee: Miss Garden, Syracuse; Miss Rhodes, New York; Miss Van Kirk, New York.

These chairmen of the following committees were then chosen, each having power to choose her own colleagues:

On Revision of By-Laws, Miss I. R. Palmer, Albany.

On Legislation, Miss Allerton, Rochester.

On Press and Publication, Miss S. F. Palmer, Rochester.

On Finances, Mr. L. Bissell Sanford, New York City.

On Credentials, Miss Maxwell, New York City.

The Committee on Revision of By-Laws was then instructed to place the by-laws in their proper order and have the same printed with the constitution as soon as possible.

It was decided by vote that the next meeting should be held in the city of Utica the third Tuesday in July.

ELIZABETH C. SANFORD, Secretary,  
46 Howell Street, Rochester, N. Y.

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THE AMERICAN FEDERATION OF NURSES.

The member of the federation appointed on the Committee of the National Council of Women to arrange a Peace Demonstration is Mrs. Booth, one of Miss Maxwell's graduates during the time she spent at St. Luke's Hospital, New York.

May 15 will be celebrated all over the world by meetings where addresses will be given advocating the cause of peace and international arbitration, and setting forth the economic waste and the moral destructiveness of war.

L. L. Dock,  
Secretary.

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THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

The secretary reminds members that the next meeting will be held in Detroit, Mich., Mrs. Gretter presiding, on Tuesday, Wednesday, and Thursday of the second week of September. The programme will include papers on "Principles of Discipline," "Preparatory Work," "New Methods of Class Teaching," "Legislation and Registration," and "Examinations and Markings." No annual report will be published until after this meeting.

L. L. Dock,  
Secretary.



PHILADELPHIA COUNTY.—The regular monthly meeting of the Philadelphia County Nurses' Association was held Wednesday, April 9, 1902, at three P.M., at the College of Physicians. The president, Miss Walker, was in the chair.

The reports of the Publication, Arrangement, and "Code of Ethics" Committees were called for. The "Code of Ethics" Committee not being unanimous, the members present decided to recommit the "Code" to the Business Committee.

The names of seven new applicants were presented.

A letter from the secretary of the Associated Alumnae, New York, in response to an invitation from this society to hold the next convention—1903—in Philadelphia was read.

A report from Miss Ramsden on the expenses of running a club was also read.

Meeting adjourned, after which Professor Weygandt gave a lecture on "Hawthorne, Emerson, Poe, and Whitman."

N. M. CASEY,  
M. G. ANDERS,  
M. LEWIS,  
Publication Committee.

ANNUAL MEETING.—The Alumnae Association of St. Vincent's Hospital, New York City, will hold its annual meeting at the hospital at three-thirty P.M., May 2, 1902. All members are requested to attend, as there will be business of importance and the election of officers for the ensuing year. All graduates who are not yet members are cordially invited to attend the meeting.

CAROLINE MARQUIS,  
Secretary.

STUDY COURSE OF ASSOCIATED ALUMNAE AS FOLLOWED BY NEW YORK MEMBERS.—It would be difficult to arrange a more attractive and interesting programme than that followed by the New York Alumnae this winter, and much gratitude is due those who gave of their overburdened time. Mrs. von Wagner in her talk upon "Sanitary Inspection," Mr. Robert Ely in his two lectures upon "Sociology," and Mrs. Runkle's two lectures upon "Current Topics" must of necessity be of peculiar interest to nurses whose eyes are open to the conditions surrounding them. To have heard these lectures is to wish to hear many more. The "Tour with the City History Club," with Miss Hill and Dr. Kelly as guides, was most entertaining, and through Deidrich Knickerbocker and Janvier one lived again the early days of Manhattan. The afternoon spent at the vaccine laboratory of the Health Board of New York was most instructive, and thanks are due Dr. John H. Huddlestone and his associates for the courtesy and attention shown us. It has been the policy of the local committee in arranging for the lectures to have them given at the different clubs and hospitals, thus promoting social intercourse among the graduates of the different schools, and, as a consequence, preparing in a measure for dignified and concerted action in great questions affecting the graduate nurse, such as State legislation, etc.

#### REGULAR MEETINGS

LIBERTY BELL CAMP OF SPANISH-AMERICAN WAR NURSES.—Several of the Spanish-American War nurses residing in Philadelphia and its vicinity, having

determined to form a camp, held their first meeting January 3, 1902. There were present Rebecca Jackson, Clara E. Howard, Allie E. Kimper, Adele Neeb, Anna E. Schaffer, Henrietta S. Watson, and Mary E. Esser, who prepared and signed an application under the by-laws for authority to form a camp, to be called Liberty Bell Camp, and forwarded it at once to the corresponding secretary. A certificate of authority was regularly issued February 15, 1902. The nurses continued to hold regular meetings each month, and on April 4, 1902, formally organized with Rebecca Jackson, captain; Allie E. Kimper, lieutenant, and Mary E. Esser, adjutant.

The meetings of Liberty Bell Camp are held at three o'clock in the afternoon of the first Friday in each month, except July, August, and September, at 1133 Girard Avenue, Philadelphia. A cordial invitation is extended to all Spanish-American War nurses to attend the meetings.

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THE quarterly meeting of the Alumnae Association of St. Mary's Training-School, Brooklyn, N. Y., was held Tuesday, April 8, at St. Mary's Hospital.

In the absence of the president the first vice-president called the meeting to order at four-thirty p.m. The minutes of the last meeting were read and accepted.

The delegate's report of the second meeting of the New York State Nurses' Association, which took place in the Academy of Medicine, New York City, January 30 and 31, was also read.

Miss H. Denehey was appointed treasurer instead of Miss Brock, who felt she could not fill the position satisfactorily, owing to other duties.

Miss A. B. Macdonald was appointed delegate to the annual convention in Chicago.

After important business matters were discussed the meeting adjourned.

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UNIVERSITY OF PENNSYLVANIA.—At the regular monthly meeting of the alumnae, held April 7, 1902, at three p.m., delegates to the annual convention were elected. For delegates, Miss Casey and Miss Schulze, with Miss Rudden and Miss Simpson alternates.

Motions carried:

First, that members be elected by ballot.

Second, that in electing new members three black balls will be sufficient to reject an applicant.

Third, that members whose dues are unpaid for two years be dropped from the association.

Fourth, that members who have been dropped may be reinstated on payment of back dues.

These motions to be amendments to the constitution.

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HOUSE OF THE GOOD SHEPHERD, SYRACUSE.—At the regular meeting, held March 27, sixteen nurses were present. The minutes of the last regular and special meetings were read and approved. The committee for the Nurses' Club reported that the alumnae was to be incorporated. This committee was authorized to sign said petition when ready. The lease for the Nurses' Club is not to be signed until after the charter is secured. Letters were read from Miss Sophia F. Palmer, editor-in-chief of THE AMERICAN JOURNAL OF NURSING, from Miss Ida R. Palmer, of the Albany Hospital, and from Miss Jennie Cheesebrough thanking

the alumnae for flowers sent during illness. Miss Eva M. Gardner was appointed delegate to the meeting of the New York State Nurses' Association held in Albany April 15. Three songs were beautifully rendered by Miss Webb, after which refreshments were served, meeting adjourning at five o'clock.

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ST. LUKE'S, CHICAGO.—Owing to a press of work arising at that time, Miss Emma Dawson, who is superintendent of nurses at the Chicago Homœopathic Hospital, will not be able to act as delegate from St. Luke's Alumnae Association, Chicago, to the Annual Convention of the Trained Nurses' Associated Alumnae of the United States, which meets in Chicago May 1, 2, and 3, and Miss Anne Louise Pearse will take her place.

At a recent meeting of the association Miss Alberta Gage, Miss V. Belle Beachley, Mrs. Agnes Wilson Sickles, Mrs. Annie Fryre Hutchinson, and Mrs. Louise Salter Wells were elected to membership.

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MONROE COUNTY.—The second annual meeting of the Monroe County Nurses' Association was held at the Homœopathic Hospital, Rochester, March 25, with a good attendance. The following officers were elected: President, Miss E. C. Sanford; first vice-president, Miss Lee; second vice-president, Miss Allerton; recording secretary, Miss Frick; corresponding secretary, Miss Langstaff; treasurer, Miss McKenzie; directors—Miss Palmer, Miss E. J. Jones, Miss Frances Johnston, Miss Glidden.

It was decided that in place of the regular meeting in June the society would hold a banquet at one of the Lake resorts.

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MILWAUKEE, WIS.—At a meeting of the graduates of the Milwaukee County Hospital, held on March 22, 1902, it was decided to form an alumnae, the objects being the mutual benefit of the members, social and professional development, the establishment of a fund for sick nurses, and a systematic method of registration.

The following officers were elected to serve until after the first regular meeting, to be held June 14, 1902: President, Miss Louise Ludwig; vice-president, Miss Alma Bahr; secretary, Fern I. Fox; treasurer, Miss E. D. Smith.

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BELLEVUE, NEW YORK.—There was a very large and interesting meeting held on March 20. The names of two new members were announced and fifteen new names proposed for membership. A letter from the Princess of Wales was presented by Miss Brennan. The society elected as delegates to the Convention of the Associated Alumnae Miss Van Dursen, Miss Van Meter, and Mrs. Dewey. After the reading of a short paper upon "State Registration" by Miss Dock the meeting was adjourned.

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BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Alumnae was held Tuesday, April 1, Miss Monteith presiding in absence of the president. There was a large attendance. Among those present was Miss Emily Steinett, assistant superintendent of the Hospital of the Good Shepherd, Syracuse. Miss Mowatt was unanimously elected delegate to the New York State Nurses' Association. A motion was made and carried that the alumnae be incorporated.

HARTFORD, CONN.—The quarterly meeting of the Hartford Alumnae was held at the Nurses' Home, in Jefferson Street, on March 4, twenty-five members being present. It was decided to endeavor to raise ten thousand dollars for a free bed for graduate nurses. Miss M. Wilkinson gave a short talk on district nursing in the city, and after appointing Miss Harmony Twichell delegate to the National Convention the meeting was adjourned.

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ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.—At a special meeting held on February 17 Mrs. Annie R. Hutchinson, of St. Luke's Training-School, was elected president to succeed Miss Fulmer, who had resigned. There has been a slight change in the name, it having originally read, "Graduate Nurses' Association of the State of Illinois." In March this association became affiliated with the Illinois Federation of Women's Clubs.

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NEW YORK POST-GRADUATE CLUB.—This association has in the reading-room a Tabard Inn Library Station, a system of book exchange admirably suited to the needs of the trained nurse, who is here, there, and everywhere. The members will be glad to see anyone who wishes to avail herself of the privilege of taking books from the Tabard Inn between the hours of nine in the morning and ten in the evening.

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LOCAL ASSOCIATION, NEW YORK.—On Monday, April 7, 1902, at 143 East Thirty-fifth Street, nurses, graduates of out-of-town schools residing in the Boroughs of Manhattan and Bronx, met and formally organized a local association. The officers are Miss McKechnie, president; Mrs. Kirchoff, vice-president; Miss Spring Rice, secretary, and Miss Wakefield, treasurer.

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ANN ARBOR, MICH.—The Nurses' Alumnae Association of the University of Michigan met March 27, 1902, at the Nurses' Home. After the close of the business meeting the nurses enjoyed a very interesting talk by Mrs. Josephine Murfin, State secretary of the King's Daughters, on the work of that organization. Mrs. Murfin also spoke briefly of her trip south.

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THE Summer School of Philanthropic Work of the Charity Organization Society of New York will open on June 16, to last for six weeks. Nurses who contemplate taking up any kind of philanthropic work will find this course of great interest and advantage. Information will be given by Mr. P. W. Ayres, 105 East Twenty-second Street, New York City.

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THE Buffalo Graduate Nurses' Association held its regular monthly meeting on April 7, at which time the nurses who had been appointed Sanitary Inspectors were made a Sanitary Aid Committee for the association.

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**OBITUARY**

MISS MARTHA S. THOMPSON, a member of Allegheny General Hospital Alumnae Association, died at her home in Fairchance, Pa., Monday, April 7, 1902.

While following her profession in California she fell ill of typhoid fever, from which she never fully recovered, developing tuberculosis, which caused her death.

Miss Thompson was a member of the Class of 1899.

ISABEL CHAYTOR,  
Secretary.

THE members of the Rhode Island Hospital Nurses' Club record with sorrow the death of one of their members, Miss Emily Battles Coburn, on February 15. Miss Coburn had spent more than a year and a half in the school, where she was much beloved by all who knew her because of her cheerful, happy disposition, her untiring zeal as a nurse, and her sincerity as a friend.

To Miss Coburn's parents and immediate relations we extend our heartfelt sympathy, reminding them that she has only gone to a higher service. We commend them to the Author of all life, "who giveth His beloved sleep."

RUTH E. MILLER,  
MARY G. HENNESSEY,  
MARY H. MACDOUGALL,  
Committee.

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## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### ORGANIZATION NOTES

REGISTRATION IN ENGLAND.—At the annual meeting of the Matrons' Council at St. Bartholomew's Hospital on January 30 the question of State registration of nurses was brought up for discussion. Mrs. Fenwick thought that the time had come when it should be definitely undertaken. She asked whether the Matrons' Council should undertake the work or a new society be encouraged having for its sole object the attainment of State registration. Personally she favored the latter plan, and was supported in this view by Miss Huxley, Miss Poole, and Miss Marquardt. The council decided that its Registration Sub-Committee should meet to consider the organization of a separate society.

The committee met on February 21, and decided to organize a society for the State registration of nurses. Their resolutions were as follows: (1) that trained nurses of three-years' experience who desire State registration shall be eligible as members; (2) that one hundred nurses should be enrolled before a meeting should be called to organize and elect officers; (3) that local secretaries should be at once appointed to arouse the interest of nurses and of the public in the movement; (4) that the public should be allowed to assist in the financing of the society; (5 and 6) that membership application forms should be circulated and the nursing journals asked to support the movement. Early in March it was announced by the Registration Sub-Committee of the Matrons' Council at an executive meeting that Miss Louisa Stevenson, of Edinburgh, had consented to become the president of the new society. [American nurses who were at the Congress will remember Miss Stevenson. We do not know anyone who is better fitted to lend prestige and weight to the movement for registration.—Ed.] It was decided to hold a meeting in London in May, at which Miss Stevenson will preside, when the constitution will be adopted and officers and committees elected. The enrolment list now bears nearly three hundred names.

We congratulate our English sisters on their conspicuous beginning and wish them all success. We will observe their future steps with the greatest interest.

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GUY'S HOSPITAL LEAGUE.—A league of past and present nurses has recently been established at Guy's Hospital, one of the large London Schools for nurses. These leagues, similar to our *alumnæ* societies in every respect, will, it is hoped, in the future affiliate with the Matrons' Council to enter the International Council of Nurses.

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THE LEAGUE OF THE ROYAL SOUTH HANTS NURSES.—This league is now in full working order, with Miss Mollett as president, and the certificate of the hospital as qualification for membership. A specially impressive feature of this new league is one of the clauses under "Objects," viz.: "To provide a means



whereby the certificated nurses of the Royal South Hants Hospital can collectively express their views on matters of interest and importance to the nursing profession, or, if desired, take action on the same." This shows public spirit and a sense of responsibility.

THE nurses of Victoria, Australia, have organized an association of two hundred and sixty members.

#### LETTERS

AMERICAN NURSING ABROAD—SWITZERLAND.—It is from the point of prophecy rather than that of history that one may speak of American nursing beyond the limits of our own land, for, be it told as a truthful statement, there is almost no such thing as American nursing abroad. One finds on the Continent American shoes, American bicycles, American bars (too often, these), American dentists everywhere, and now and then doctors, but in a long day's journey never a nurse holding a diploma from an American training-school, nor a hospital approaching our standards. In Paris there may be half a dozen nurses, and quite recently talk of an American hospital has been heard. The writer believes that in Rome there is an English and American Nursing Home, and she has come in contact with mission nursing done under the guidance of an excellent American nurse in Egypt, but this tells all there is to tell, so far as can be unofficially reported from the usual route of American travellers abroad. Miss Baxter, an American only by training, has told of her interesting and valuable work in Naples in recent issues of the JOURNAL, and she is quite capable of holding up the Neapolitan end of things, but what about the state of affairs elsewhere? Naturally, in justice to the principles of the Monroe doctrine ethically transferred to English ground, we have no desire to trespass in Great Britain or in any other land where nursing of our own standard can be found, but is there not a field for a few good nurses from our best schools on the Riviera, in the Italian cities, or in Switzerland, and for still more in Paris? The writer believes that the many Americans who annually come abroad or who make their homes in Europe would agree with her, and would gladly consign themselves to the care of their own countrywomen.

"The inglorious battle-ground of the bed and the physis bottle," as Stevenson put it, is wearisome enough at best, but its trials grow infinitely greater when located in a foreign land. Add a foreign tongue and foreign methods of nursing, and our invalid may be indeed miserable. The "cliniques" of European countries are most primitive attempts at our private hospitals, and the public hospital is out of the question. The French expression, "prendre le chemin de l'hôpital," is the equivalent of our idiom, "going to the dogs."

The invalid American, then, must get along as best he may in hotel or pension, with such care as his family or servants can give. If, in desperation, he does call in a "religieuse" or a "garde-malade," he is apt to wish he had not done so, and he gets rid of her at the first possible moment. He may have to pay her less than his home nurse demands, but what of that when he contrasts with this mournful, dark-robed, untrained nun or the domineering, aged, and but little better trained "garde" the nurse of his own country, bright, tactful, neat as a new pin, and full to the finger-tips of means whereby to make him

comfortable or beguile the time away. He wants his home nurse as a baby wants its mother, and if she were only here he would have her at any cost. So let her come and see for herself; not too many of her, of course, but a few women of highest character and best training. She *must* not be of the inferior type, for if she is, woe to her profession and to herself! If the temptations of life are too much for her at home, they will be many times too much for her in a foreign land, away from restraints and the protection of her alumnae society. But with the right motives the right women could establish themselves abroad and succeed from every stand-point. Small private hospitals might be established (here and there English nurses have already done this), these being also registries for a few nurses who would go out to cases. Not only Americans, but the foremost native physicians of the locality would soon discover the value of both hospitals and nurses and use them. No nurse might care to stay abroad more than a year or two, but another might then take her place by systematic arrangement, and so the benefits of foreign residence and the advantages of travel be extended to a number.

It would be wisdom for the nurse intending to try foreign work to investigate a field before deciding to occupy it. To the intelligent woman a number of means of doing this will suggest themselves. In most of the tourist towns there is a "Bureau de Resignements" which might give physicians' addresses on demand. Naturally, the greater acquaintance a nurse may have with foreign languages, the better for her as to managing servants and attending to all the small details of her venture. But even with an ordinary school knowledge of rules and a limited vocabulary, daily practice and study will soon put her in command of the essentials of foreign speech.

The question of rates of pay and hours of work should be well considered, and also that of uniforms. No labor is paid for in Europe at our home rates. Doctors' fees are much smaller than with us. Even in England a nurse receives less for her work than an American nurse at home, but her hours are shorter and the employment of several nurses on one case is more usual than with us. As to uniforms, one cannot say without further experience whether the English-woman's plan of adopting a uniform both in and out of doors or our own independence of uniform be the wiser.

We are proud of our calling and willing to announce it by our dress, yet do not see the necessity for making ourselves conspicuous in public places by what we may wear. Only discretion and tact can guide in this matter, as in so many others.

Again, to repeat, the only kind of woman who would succeed in Europe is the well-trained, high-minded, conscientious woman, quick to adapt herself to her surroundings, and of good business qualifications. She should not imagine that nursing in Europe would be a sort of holiday-making. Far from it. Her social position would have to be made and maintained by her own personality, and she would have to live down the foreign idea of nursing being a sort of domestic servitude, and of a "lady" being forbidden any serious work or occupation.

MARY CLOUD BEAN,

Graduate Johns Hopkins Hospital School for Nurses.

## ITEMS

**NURSES IN THE PHILIPPINES.**—We learn from private letters that there has been some disturbance of harmony between the nurses in the Philippines and the military authorities. The nurses were ordered to wash the dishes as a part of the daily routine, and refused to do so, finally being sent to their quarters by the commanding officer as an alternative. The difficulty was still unsolved at the time of our hearing of it, but Mrs. Kinney is now in the Philippines and will no doubt have matters arranged.

While we hold dish-washing as an occupation to be a perfectly honorable and womanly one, we are strongly of the opinion that only muddled, ineffective nursing can be done when nurses have to spend time in simple housework, and that for this reason the nurses were perfectly justified in their stand, and we hope they hold to it. It is economic waste to put a highly trained specialist at comparatively high salary to work which can be done by an untrained and inexpensive person, while, meantime, her own special work is undone or neglected. But military people have a marvellously perfected system of keeping subordinates in a constant state of change from one duty to another, so that one can never tell who is doing what.

**A NURSE AS HEALTH OFFICER.**—The city of Adelaide, in Australia, has a nurse employed as Health Office inspector. Her special work is the direction of the isolation and disinfection of contagions. She also is of great public value in educating the people in sanitation.

The employment of a trained nurse for this post was the suggestion of the City Health Officer of Adelaide, who must be a liberal and practical man. Other Australian States have shown interest in this experiment and promise to follow suit. The name of the nurse is Miss T. M. Sweetapple.

**THE AMERICAN JOURNAL OF NURSING** learns on unquestionable authority that the announcement that Miss Florence Nightingale is lending assistance in the preparation of a "Life" of herself is unfounded. Miss Nightingale (unfortunately for all nurses) is very averse to having her life-work written of. The publication referred to can be, therefore, but a compilation of the few magazine articles already in print. Disappointing as this news is, we hope that when her "Life" ever is written, it will be written by a nurse.

"NURSING NOTES" for March reports a very interesting conference of the superintendents of the Queen's Jubilee Nurses in the North of England. Excellent and practical papers were read, of which we would especially like to see in full Miss Walker's on "Extra Nursing Help" and Miss Wilson's on "The Giving of Relief; the Coöperation of the Philanthropic Amateur; and the Advantages of the Charity Organization Society."

**THE DUBLIN METROPOLITAN TECHNICAL SCHOOL FOR NURSES.**—The annual report shows that during the past year thirty candidates had been sent up for the preliminary examination before being accepted for training. Eighteen lectures were given in anatomy, physiology, and hygiene, and three demonstrations in invalid cookery. A silver medal and a bronze medal were awarded to the two most proficient pupils.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 7, 1902.

ARMSTRONG, GRACE, recently assigned to temporary duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Barnes, Susan H., transferred from the First Reserve Hospital, Manila, P. I., to duty on Sheridan en route to the United States. Arrived in San Francisco March 13 and assigned to temporary duty at the General Hospital, Presidio.

Brinton, Elizabeth M., transferred from the Military Hospital, Calamba, to the Military Hospital, Iloilo, P. I.

Brown, Mrs. Jessie M., returned to Military Hospital, Vigan, from temporary duty at Candon, P. I., a post where nurses are not regularly stationed.

Connors, Katherine, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Corrigan, Catharine, recently on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Deeley, Julia J., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Flick, Lucile E. S., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Gleason, Mary, transferred from the Military Hospital, Iloilo, P. I., to duty on the Sheridan en route to the United States. Arrived in San Francisco March 13 and assigned to temporary duty at the General Hospital, Presidio.

Hine, M. Estelle, promoted to be chief nurse at the Convalescent Hospital, Corregidor Island, P. I.

Killiam, Lena, formerly on duty at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Kilpatrick March 30, discharged.

Lane, Effie, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Livingston, Mrs. Tessie, transferred from duty in the Philippines to the transport Kilpatrick en route to the United States. Arrived in San Francisco March 30 and assigned to temporary duty at the General Hospital, Presidio.

McCloud, Mary J., formerly chief nurse at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Kilpatrick March 30, discharged.

McEvoy, Anna E., chief nurse at Convalescent Hospital, Corregidor Island, transferred to First Reserve Hospital, Manila, P. I., as nurse.

Morgan, Irene A., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Oakes, Martha A., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Ostien, Mary F., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Richmond, Edith L., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Richmond, Vena, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Sheafer, Sarah P., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Silcott, Mary E., formerly on duty at the Military Hospital, Iloilo, P. I., arrived in San Francisco on Sheridan March 13, discharged.

Weathers, Eloise, transferred from the First Reserve Hospital, Manila, P. I., to duty on Kilpatrick en route to the United States. Arrived in San Francisco March 30 and granted a leave of absence.

Wertheimer, Laura, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Wilson, Sibbie, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Woods, Julia E., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Young, Agnes G., formerly on duty at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Sheridan March 13, discharged.

Young, Ann B., arrived in Manila on Kilpatrick February 17; assignment not yet reported.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

DEAR EDITOR: One of the curious vagaries of the human mind is the frequency under circumstances of great gravity or excitement that it is attracted by what appears to be a relatively unimportant thing.

If Robert Burns had been minding the sermon, we would not have enjoyed,—

"Oh, wad some power the giftie gie us  
To see oursels as ithers see us."

Apropos of this well-known fact I must confess that over and above all the serious subjects brought up for consideration at the International Congress in Buffalo, an incidental remark made by Miss Isla Stewart, one of our English delegates, has persisted in giving me more to think about than any other one thing. Miss Stewart in discussing St. Bartholomew's League made the remark that "American nurses were so much taken up with work to the exclusion of play." Miss Stewart may have expressed herself somewhat differently, but that was her idea as I understood it. I hastened at that time to assure our visitor that we did relax sometimes, but thinking it over quietly since I am convinced Miss Stewart was right, and that we do take ourselves too seriously.

The eager, over-anxious faces seen among us, both in private and hospital nurses, seem a fairly good indication of the truth of it; the numbers of nurses who must needs have long leaves of absence for change of climate and rest still further prove it, and the numbers of nurses who are saying to one another "What can we do if we must give up nursing?" would seem to establish the fact that the nurse as well as Jack is made dull by "all work and no play."

I have been guilty of driving an immense amount of work through my own Alumnae Society in the days when I was one of its officers, and yet our society has always had its social side and spent a lot of time in good, soulful visiting, but I confess that when I see some of the programmes of ambitious young organizations I am appalled at the gravity and enormity of the work laid out for a year, unrelieved by even so mild a dissipation as an afternoon tea or a kaffee klatch, and I feel very strongly that they are making a serious mistake in leaving out provision for rational amusement and social intercourse. I am making no plea for that odious creature, the silly, overdressed nurse striving to be thought a worldly society woman,—she ought to be obliterated,—but for the great number of excellent women who drift into a colorless existence without enthusiasms or any interests outside their work.

If either private or hospital nurses could command the home life which is available for doctors and teachers, they might devote all their spare time to improving their minds. Going back to our pupil-nurse days, was not the "spread" simply an instinctive expression of our craving for social life? It has long been my opinion that the young women who have had the right kind



of social training at home make the most satisfactory nurses, and I have a tremendous interrogation-point in my mind when I am done reading some of the ponderous programmes we have devised for our own punishment.

I hope you do not mind my saying that I think we have neglected our JOURNAL in that one point. We have been so absorbed in its serious side that we have lost sight of chances for improving our spirits as well as our work.

It seems to me in the light of our long experiences we might put up an occasional guide-post to happier lives for the coming generations of nurses. We all know that the humorous side of our work has very often carried us over its most difficult spots. As Robert Louis Stevenson so well expressed it, "A sense of humor will often carry a woman through when religion fails." I expect several good ladies will wish to take me to task for this outbreak of frivolity, but if it adds to the gayety of the occasion, let us have their objections by all means.

ISABEL McISAAC.

DEAR EDITOR: When we consider the large number of people suffering from mental diseases, it is manifest that in order to effect a cure or any alleviation of their sad condition they must be cared for by those trained for the work. This fact has long been recognized, therefore training-schools have been established in our large institutions for the insane with a view to making the nurse assist the doctor in a more intelligent manner. Yet a nurse who has trained for that work is not looked upon by nurses otherwise trained as a graduate nurse, although she has been taught from the same text-books and passed the same examinations. Her sister nurse, who, may be, has been trained in a small child's hospital of say twenty or thirty beds, will look upon a mental nurse as "not a graduate, only trained in an insane institution." If a mental nurse wishes to enter a well-conducted hospital for a post-graduate course, she will be told that her diploma cannot be accepted. Why do nurses take post-graduate courses? Because they feel the necessity of doing so and need the knowledge gained by so doing; they may have graduated years ago and must keep up with the times, or their training, if recent, may have lacked some particular branch of nursing. Now a mental nurse has been trained in her particular branch and also feels a need of taking a course in another branch. Why this demarcation?

Then mental nurses are told that they have not had experience in "physical diseases." Insane people are sick and have to be cared for the same as the sane.

A nurse from a child's hospital has had no experience with adults, one from a gynæcological hospital is confined to the one set of operations, etc., etc. This is an age of specializing. Now, instead of sitting at home and accepting this professional obliteration, I believe in trying to remedy it. In State organization mental nurses must not be passive. They constitute a large number and they must demand the same privileges with other nurses. They must make the difference known between the trained nurses for the insane and the attendants for the insane. To the majority of people the terms are synonymous, which is most unfortunate.

First, I would place all training-schools in our large institutions for the insane in the hands of a graduate of a large general hospital, and have the training on exactly the same footing, or have a woman who has had training in both if possible. The whole thing lies in the head, as everyone knows. I would not appoint a person merely because of her long service in the institution; she might have been in the institution for years in a subordinate position and be

utterly unfitted for the head of a training-school, and a stranger is more apt to maintain good discipline.

Second, those in training should take three- or six-months' training in other hospitals, say three in obstetrical work and three in general, which would include operative cases.

Third, the superintendent of nurses should have separate rooms and eat apart from the other nurses.

Fourth, all pupil nurses should be changed every month, as they do in other hospitals, thereby making them come in contact with all kinds of mental conditions and also with the sick, instead of leaving them on the same ward for months.

No nurse should be allowed on the streets in her uniform, as, unfortunately, is done in some places, as it looks very undignified. This, of course, does not apply to any special hospital, but to all. They should have at least a good common-school education; later women of higher education will take up the work.

I am sure superintendents of insane institutions will be only too glad to help their nurses by making arrangements with other hospitals to give them experience in all branches of nursing. They might exchange nurses, benefiting both sides.

The Boston Insane Hospital is offering a post-graduate course to nurses. This is a step in the right direction; we want reciprocity in our domestic affairs as well as in our national.

Insane institutions are doing good work, and when one considers the way their work is looked upon by some people in these so-called enlightened times, it savors of former ages, when the insane were looked upon as possessed. Let us be progressive and help one another. Insanity is a disease, and as curable as tuberculosis and all other allied diseases. It needs intelligence, education, tact, and all the qualities that go to make a good nurse.

A mental nurse from her training is well adapted to tolerate and understand abnormal mental conditions in all classes of patients. Let us hope to see the time when a knowledge of insanity will be a part of all graduate nurses' training, and when facilities will be offered to mental nurses in other branches of nursing.

FLEUR-DE-LIS.

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DEAR EDITOR: I have been interested in the articles on life insurance and savings-banks, and would like to make the point that neither can claim to be best, in itself, but according to circumstances one may be the best thing for one nurse and the other for someone else. A nurse who has definite claims upon her or who wishes a perfectly certain investment had much better take the insurance company, as your correspondents have well brought out its qualities of protection and security.

But a nurse who has no one dependent on her, and who perhaps has some little resource, or whose family can take care of her in illness, can, I think, do better from a financial stand-point with the savings-bank. In a few good years of steady work she may save a thousand dollars (remembering the compound interest which her money draws), and she can then invest this in first mortgage or some other safe way for five per cent., and can proceed to save as before. I firmly advocate cultivating the savings-bank habit. It has so much flexibility. One can drop all sorts of small sums into the savings-bank, and this is an easy way to collect the annual payment to the insurance company. As we learn about the interest that accrues, we are not at all willing to withdraw from the savings-bank for trivial reasons, and, on the other hand, if any sudden emergency does

come and we find it all but impossible to save money for a few months, it is a great ease of mind to know that it may wait. I have known nurses almost distracted with anxiety over insurance and coöperative societies' payments falling due, which had to be met, no matter what happened. However, I am a firm believer in insurance.

A. B. C.

DEAR EDITOR: Last summer I paid a visit to the Edith Home on Belle Island, and I enjoyed it so much that I should like my sisters in the profession to know of it.

The house—an old-fashioned cottage painted red—occupies a corner of the island and stands among many trees. Established in one of the comfortable hammocks on the veranda, one ought to be quite happy, for one can enjoy not only the fine view of the Sound, but the soft zephyrs from it. One also has the choice of being *on* the water or *in* it—and the bathing is very good. The trolley comes conveniently near, though not obtrusively so, and a trolley-ride to Stamford or Norwalk in the torrid weather is delightfully cooling. The location combines the comforts of civilization with the pleasures of a seaside resort, and to my mind it is a most attractive place in which to rest for a couple of weeks; one need not even “dream” of patients and doctors.

All these attractions are possible for the sum of four good American dollars per week, and should you wish to take advantage of all the Edith Home offers, write to the superintendent of nurses, 426 East Twenty-sixth Street, New York City.

ANNIE RHODES.

DEAR EDITOR: In my obstetrical work I have found “Ley's Nipple Wash” of great assistance. It relieves the natural tenderness of a woman's nipples when her baby is first put to the breast, and it has cured fissures and raw nipples when other remedies have failed.

It is proprietary remedy, but harmless, and the physicians I have nursed for have not objected to its use. It is certainly a great boon to nursing mothers, many of whom lose the comfort of nursing their babies through the suffering it involves.

I would advise its use night and morning for a month before confinement, and as long afterwards as found necessary.

A. A. A.

DEAR EDITOR: The conditions described in the article on “Nursing Progress in Japan” would, if the same lines were followed here, eliminate the broken-down nurse and her needs from consideration. We pride ourselves in this country upon being progressive, yet we are compelled to work from twenty to twenty-two hours out of the twenty-four, or to stand alone in our request for proper relief, as, I am grieved to say, in my six-years' experience as a private nurse I have found that the physician is rare who will render aid unless in doing it he forwards his own interests. There is something radically wrong in a civilized system that breaks nurses down in health in an average of ten years, and this is especially unjust to a class of workers whose lives are spent in the alleviation of suffering in others. We should follow Japan's lead, with shorter hours, and a regular time for rest.

A SUBSCRIBER.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

## EDITOR'S MISCELLANY



THE DRUGS USED IN THE TIME OF PARE.—Dr. George Dock, of Ann Arbor, writes as follows:

"Reading your interesting account of Paré's case, I saw that I should have remembered the old medicines that they used in his day. Now that nurses rarely use anything more complicated than Thiersch, some of your readers may be interested in knowing what some of the things were. I can give them to you out of the '*Pharmacopœia Londinensis*,' by Nicholas Culpeper, Gentleman Student in Physick and Astrology, 1695. This is an interesting book, in which one can also learn the preparation of goat's blood, the burning of young swallows, the preparation of earth-worms, and other interesting things. So, for example, 'the skull of a man that was never buried being beaten to powder and given inwardly, the quantity of a dram at a time in Betony water, helps palsies and falling sickness.' If you can't get the skull of a man that was never buried, 'elk's claws or hoofs are a sovereign remedy for the falling sickness, though it be but worn in a ring, much more being taken inwardly,' but in the latter case 'it must be the hoof of the right foot behind.'

"The 'desiccative red ointment' that was used for the bed sore is made as follows: 'Oil of roses omphacine, a pound; white wax, six ounces; which being melted and put in a leaden mortar, put in earth of Lemnos or Bole-Armenick, lapis calaminaris, of each four ounces; litharge of gold, ceruss, of each three ounces; camphire, one drachm; make it into an ointment according to art.'

"Culpeper says 'this binds and restrains fluxes of humors, and is as gallant an ointment to skin a sore as any in the dispensatory.'

"Unguentum comitisse is made as follows: 'Take of the middle bark of acorns, chestnuts, oaks, beans, the berries of myrtles, horsetail, galls, grape-stones, unripe services and medlars dried, the leaves of sloe-tree, the roses of Bistort and Tormentil, of each an ounce and a half; bruise them grossly and boyl them in ten pounds of plantane-water till half be consumed; then take new yellow wax eight ounces and a half, oyl of myrtles simple two pounds and a half; melt them and wash them ten times in the aforesaid decoction; being washed and melted, put in these following powders, the middle bark of acorns, chestnuts, and oak galls, juyce of Hypocistis, ashes of the bone of an ox leg, myrtle berries, unripe grape-stones, unripe services of each half an ounce; troches of amber two ounces, with oyl of mastich so much as is sufficient; make it into an ointment according to art.'

"This is also a gallant binding ointment composed neatly by a judicious brain," says Culpeper:

"The Egyptiacum to be dissolved in eau-de-vie is a simple thing made of verdigreece finely powdered five parts; honey fourteen parts; sharp vinegar seven parts: boyl them to a just thickness, and a reddish colour. This potation cleanseth filthy ulcers and fistulæ forcibly, and not without pain; takes away dead and proud flesh and dries.'

"The diachalciteos is made of 'hog's grease, fresh and purged from the skins, two pounds; oyl of olive omphacine, litharge of gold beaten and sifted, of each

three pounds; white vitriol burnt and powdered, four ounces: let the litharge grease and oyl boil together with a gentle fire, with a little plantane-water, always stirring it to the consistence of a plaster into which (being removed from the fire) put in the vitriol, and make it into a plaster, according to art.' The stirring should be done with 'the branch of a palm or other tree of a binding nature, such as oak, box or medlar, which is new cut, so that the virtue of the spatula may be mixed with the plaster, cutting off the top and the rind even to the wood itself, the mixture being thus made thick by boiling and stirring and removed from the fire; put in white coperas for want of true chalcitis in powder.'"

EXTRACT from the Annual Address of the President of the National American Woman Suffrage Association at the opening of the National Convention and International Suffrage Conference at Washington, D. C., on February 12, 1902:

"The world rarely inquires into the origin of a universal belief. It proceeds on the theory that 'whatever is, is right,' and the very fact of the universality of any belief is accepted as a sufficient guarantee of its truth. Such a belief becomes a blind faith, and its defence is not reason, but feeling. Add to a universal belief of this character a supposed divine authority for its existence, and it becomes well-nigh impregnable. The wildest fanaticisms of the race have been aroused through appeals to this kind of unreason. Curiously enough, without the slightest grounds for it, Divine authority has been quoted in support of every departing theory, from the flatness of the earth to human slavery, and has been hurled in defiance at the advocates of every new discovery, from the printing-press to the administration of chloroform. Such a belief has been the basis of a theory that man is the race and woman is the dependent. To question its authority was for many centuries considered a sacrilege and a blasphemy, and consequently all investigation was forestalled at the beginning. The subordination of women is directly traceable to this theory. Every repressive law and custom concerning them is an outgrowth of it, and all opposition to the rights of women receives its strength from the surviving remains of it.

"Four chief causes led to the subjection of women, each the logical deduction from the theory that men were the units of the race—obedience, ignorance, the denial of personal liberty, and the denial of right to property and wages. These conditions were imposed upon women by all nations and all so-called civilized peoples. The details of the enforcement of these conditions has filled the pages of history with cruelty and tragedy which make painful reading to those who perceive their injustice. In fastening these disabilities upon women, the world acted logically, when reasoning from the premise that man was the race and woman his dependent. The perpetual tutelage and subjection robbed them of all freedom of thought and action and all incentive for growth, and women in turn logically became the inane weaklings the world would have them. The world taught woman nothing skilful, and then said her work was valueless. It permitted her no opinions, and then said she did not know how to think. It forbade her to speak in public, and said the sex had no orators. It denied her the schools, and said the sex had no genius. It robbed her of every vestige of responsibility, and then called her weak. It taught her that every pleasure must come as a favor from man, and when, to gain it, she decked herself in paint and fine feathers, as she had been taught to do, it called her vain."



"Nor was it any wonder that man should rise to defend the woman of the past, whom he had learned to love and cherish. Her very weakness and dependence were dear to him, and he believed she was as God intended her to be. He had worshipped his ideal of her through the age of chivalry as though she were a goddess, but he had governed her as though she were an idiot, and saw nothing inconsistent in his action.

"The fate of the woman question turns upon the truth or falsity of the premise from which the world has reasoned throughout the past. If the ancient premise be true, the problem is a complicated one. If it be false, then nothing but prejudice can stand in the way of the fullest individual liberty for women. Women are either inferior to men, or they are not.

"Von Baer, a German scientist, pricked the bubble of the fallacy that 'man is the race' in 1828, when he demonstrated that father and mother contributed equally to the physical, mental, and moral character of their children. This discovery was received reluctantly by scientists, but the fact is no longer questioned by those competent to judge. What a flood of light it throws upon the problem. In the perpetuation of the race, the function of motherhood is not the negative, insignificant thing it was once thought, but equal in importance with fatherhood. More, as the race obeys that still higher law which compels humanity to climb onward and upward to newer ideals and nobler conceptions, the hereditary traits of each generation come equally from the father and mother. Can it be that Nature is so poor an economist that she commands the 'mother of the race' to infuse into posterity half its efficiency with the father of the race? It is unthinkable."

OPENING FOR NURSES.—Among opportunities opening up for nurses, nothing presents a wider field than that offered to the nurse who can plainly and interestingly instruct others in the principles of home nursing. Without seeking to belittle the work of the fully trained nurse, there is a constantly increasing demand for such instruction to the laity as will make most effective their care of the ailing when the trained nurse is not required or cannot be had. Last year one of our nurses gave a single talk on nursing at the Des Moines Chautauqua Assembly. This year comes a request for a series of six lessons—a pleasing evidence of the appreciation of the subject. We may be sure that before long other Chautauqua Assemblies will be making room on their programmes for similar courses. The Woman's Club in a town of five or ten thousand would also offer a medium through which might be given series of lessons profitable alike to the nurse and her audience. Any of our nurses possessing the ability of telling others plainly what they know have opportunity here not only for a new means of acquiring a comfortable livelihood, but for being pioneers in a movement which will give a new dignity to the profession and which is bound to accomplish great good.—*Illinois Training-School Alumnae Journal*.

EXTRACTS from Mrs. May Wright Sewall's address before the National Council of Women:

"The nineteenth century was a century of men," said one poet; 'the twentieth shall be the century of women,' said another. I choose never to think of woman and man separately, since I believe that their destinies for time and eternity are interlinked. I would therefore say that the nineteenth century was one of nationalization, and that the twentieth will prove itself one of internationalization." . . .



"The affinity of race has expanded to the larger affinity of principle, aspiration, and purpose." . . .

"The whole meaning of the International Council of Women can be summed up in a few phrases. It means harmony, instead of antagonism; coöperation, instead of competition; the methods of peace, instead of the methods of war." . . . "The remote end is that this united womanhood may act as a unit in bringing to bear the influence that is distinctively womanly upon life, including international policies, as well as upon every other manifestation of international relationship."

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[FROM a circular recently issued by the Illinois Federation of Women's Clubs the following clause is of especial interest to our readers, and we congratulate the Illinois nurses upon having secured the support and coöperation of so influential an organization.—Ed.]

"A bill to be known as an act to provide for the licensing of trained nurses and regulating the practice of nursing as a profession. This has come to us through the Graduate Nurses' Association of Illinois, said organization now being members of the State Federation, and is the result of resolutions which were passed at the International Congress of Trained Nurses held in Buffalo, September, 1901. We ask that you give this very special attention on account of its unquestionable need, for, as Dr. Sarah Hackett Stevenson says, it is another measure tending towards higher education; and Dr. Daniel R. Brower, in an address before the Illinois Training-School for Nurses, says: 'If the man who prescribes the medicine and the man who compounds it are licensed by the State, should not the most important one of all, the nurse who administers it, be registered under State laws?'"

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SUFFRAGE IN SWEDEN.—At the last Suffrage Convention in Washington Mrs. Evald, delegate from the Frederika Bremer Association of Sweden, told much of interest regarding the position of women in Sweden. In the seventeenth century they had votes in school, church, and municipal affairs. To-day all suffrage in Sweden is limited to property-owners, and women taxpayers vote equally with men except just for the highest chamber of their Parliament. They serve on School Boards and Boards of Guardians of the Poor. Unmarried women and widows have full property rights, and married women control their own earnings, bequests, and any income stipulated for before marriage.

All educational opportunities are open to women, except that some high schools charge fees for girls, being free to boys. Co-education prevails in several schools, in the high schools, and in the universities. Women may follow any profession except the ministry. They are extensively employed by the government in the railway, telegraph, and postal services. The Frederika Bremer Association does a vast work in educating and helping woman in every line of modern progress.

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THE National Congress of Mothers is working to establish closer relations between the home and the school by the formation of clubs where parents and teachers may meet and talk over their common problems. It is also striving to encourage the establishment of Juvenile Courts for children between six and sixteen, who have formerly been shut up in the city jails with hardened criminals, sometimes for weeks or months. Juvenile Courts have now been established in several States.

## EDITORIAL COMMENT



### OUR WINTER JOURNEYINGS

It has been our privilege during the past winter to be present at the meetings of a number of clubs and alumnae associations in different cities, and we have also met a great number of nurses socially, and have been entertained by many of them very delightfully. We do not hesitate to say that the JOURNAL is proving to be a strong bond of interest between the nurses of this country, and since its inauguration, with the Congress at Buffalo as an inspiration, greater unity of purpose has developed than during any previous period.

The two vital subjects of general interest are organization for registration and preliminary training. We noted also with great satisfaction, in the lecture courses being given in Philadelphia, New York, and Boston, a broadening out upon lines of greater cultivation, instead of keeping exclusively to professional subjects.

We were especially interested in the Philadelphia County Nurses' Association, which organization was the direct outcome of the convention at Buffalo, the alumnae delegates returning to advocate the formation of a local association which should bring the nurses of all schools resident in the city into closer and more harmonious relations. This society, in organizing, fixed its initiation fee at five dollars, thus at the outset providing the means to pay for a course of lectures by a noted man on literary subjects. On the occasion when we were present the subject was "Kipling," and so long as we live this author will have a more interesting personality because of that hour of pleasant entertainment and instruction. The attendance was exceptionally good, fully one-half of the members being present.

The president, Miss Lucy Walker, in speaking of the work to be undertaken by the club in the future, said, very wisely, "We shall first learn to play together, and learn to know each other before undertaking any serious work." We found these nurses anxious to be instructed in the principles of registration, and we shall expect to hear that this society is leading the movement for the organization of a State Association in Pennsylvania.

Mention has already been made in this JOURNAL of the lectures given under the combined auspices of the alumnae associations of New York City. The three which we were fortunate in being able to attend, two by Mr. Ely and one by the City History Club, all most interesting, were not well attended, there being not more than twenty-five nurses at either one of the three lectures mentioned. We believe that New York, more than any place we know of, needs a strong local organization that shall bring the nurses of *all* schools into closer working and "playing" relations. The school lines here are still too sharply drawn, and such lines prevent the progress which one naturally looks for in the greatest nursing centre in the country. The New York State Nurses' Association is bringing the women of the State into more intimate relations; still, when one considers the total number, the membership in that society is small.

The Boston Nurses' Club is working a revolution in the attitude of the graduates of different schools towards one another. During the winter the sub-

ject of a club-house has been agitated, and we hope may soon be realized. As the guest of honor at the annual reception of the club, held at the Hotel Thorndike on the evening of March 13, we had an opportunity to observe the entire absence of school prejudices in this very notable gathering of nurses.

Massachusetts has been a little slow in taking hold of the subject of registration, but there is a degree of intelligent thought being given to the matter which will bear good fruit when the time for action comes.

To return again to the subject of lectures, we were fortunate in being able to attend one of the regular Friday afternoon lectures to the Senior Class at the City Hospital, to which the graduates of the school are always welcome, and we were one of a number of guests upon this occasion. The subject of the lecture was on "Civics," school suffrage, tenement-house problems, and allied subjects being the speaker's themes. Mrs. Mead is one of Boston's noted women lecturers, and her address would have been most entertaining if she had not gone out of her way to tell one of those objectionable stories that the lay public seem to think it always their duty to tell to nurses, with absolute disregard of all courtesy.

Mrs. Mead spent some moments before entering upon the subject of her discourse in warning nurses against the prevailing tendency to become hardened, to have their sympathies blunted, and to lose all reverence and delicacy, through familiarity with suffering. She spoke with authority, because she had once known a young girl before she entered a training-school, who was a lady of most delicate sensibilities, sympathetic, warm-hearted, and considerate, who upon her first visit home after a very few months in the hospital shocked her friends by the irreverent manner in which she spoke of the dead as "stiffs."

We do not question the truth of Mrs. Mead's statement, but we claim that such a story, told to a large audience of nurses, made up of pupils, graduates, and officers of hospitals and training-schools, was out of place and most discourteous. In our quarter of a century of close association with nurses we have never met such a woman. She would not be permitted to remain in any reputable school a single hour. We think it is time for the public to drop the idea that the professional nurse of to-day still belongs to the criminal and ignorant classes. Our faults may be many, but we have yet to find a perfect woman in any class of society, and we feel quite sure that Mrs. Mead would not presume to speak with such frankness before an audience of society women, as common, every-day good manners would make such plain speaking impossible. We certainly have a right to the same amount of courtesy that is accorded other women.

We shall postpone mention of a very charming visit to Baltimore and the Johns Hopkins until we are able to give Miss Nutting's paper on preliminary training.

One of the most delightful experiences that we have enjoyed for many years was a prolonged visit with Miss Dolliver at the Massachusetts General Hospital, when we were allowed to come and go, work or be sociable, just as circumstances and our inclination dictated.

The spirit of improvement has struck the dear old place, and new buildings with wonderful proportions are still being added in many directions, threatening to overshadow the graceful old granite structure with its classic lines.

To be present at our own *Alumnæ Association* meeting, and to speak to its members, old and new, on the subject so dear to our heart, "registration," was

another great pleasure, and to be made to feel that, although so many years absent, our place was still there touched our heart deeply.

In fact, wherever we have been, even where the faces were all strange, the cordiality with which the editor of the JOURNAL was received and appropriated was one of those gratifying experiences which words cannot express. The little journey of ten weeks was just a succession of pleasant episodes, the memory of which will always remain with us.

#### NURSING INSTITUTES.

THE endowment of Simmons College as a technical school for women promises to open the way for a central nursing institute for Boston, where the pupils of all schools within the radius may receive the theoretical and preliminary instruction necessary before entering the wards of the hospital for the practical part of their nursing education.

The idea that a nurse shall be taught the theory of her work before entering the wards is no longer new, but to separate the theory from the practice means a complete revolution in the present methods of training-school administration.

Mention was made in the first number of this Journal (October, 1901) of a plan which Miss M. E. P. Davis was trying to work out in Boston for a central preliminary school for nurses. The financial difficulties attendant upon her scheme prevented its development, but her agitation of the subject undoubtedly prepared the way for the plan which may be worked out in connection with Simmons College.

On March 12 a public announcement was made of the aims of the college, which included domestic science in all its branches, secretarial work, library technique, horticultural and landscape gardening, and a general scientific course, "to be of special value to teachers or to those wishing to prepare themselves for medicine or nursing." Immediately, Miss Davis and Miss Palmer, who was at that time staying in Boston, invited eight of the leading superintendents in that locality to a luncheon at the Hotel Thorndike, where the subject was discussed of asking the trustees of Simmons College to establish the much-talked-of preliminary course upon such lines as the superintendents and hospital managers should advise.

The guests present were Misses Drown, Riddle, Dolliver, McDowell, Jamme, Hutchinson, and Stevenson, Miss Richards not being able to attend. These ladies formed themselves into a committee and selected Miss Dolliver as their representative to call upon one of the trustees to submit the plan and to ask for further conference. So ably did Miss Dolliver execute her mission that another meeting of the committee was held, an outline drawn up, and Miss Davis, Miss Riddle, and Miss Dolliver appointed a committee to confer with the dean, Miss Arnold, who received their suggestions with the greatest interest and gave them cordial assurance of her coöperation in making the plan a success.

We believe that in those cities where technical schools already exist such courses could easily be established with comparatively little additional cost. For instance, in our own city of Rochester the Mechanics' Institute has an exceptionally fine domestic science department, and it already includes in its corps of instructors a number of able physicians. In the nursing corps of the city are many able women, from among whom one could easily be selected to take charge of such a course, and it would be in line with the policy of the institute to provide such additional facilities as might be necessary to make the course a success.

Such institutions as the "Pratt" in Brooklyn and the "Drexel" in Philadelphia, we should think, could easily be made available for a special course of instruction to nurses.

The movement for this radical change in the method of training nurses comes from the superintendents of schools who have had long years of practical experience, with opportunity to judge of the defects of the present system. Hospitals are becoming more and more educational institutions, and this is right to just the extent that teaching does not interfere with the best welfare of the patient, but to carry on classes in theory, with lectures and examinations at the time when the services of the nurse are so essential to the general welfare of the hospital, complicates the administration to an alarming degree, as the demand for the more careful theoretical instruction of the nurse increases from year to year.

The more universal the agitation, the more quickly the change will be accepted.

When we have established central nursing institutes we shall have made great strides towards a uniform curriculum. With the pupils from half a dozen schools receiving their instruction in anatomy, physiology, hygiene, bacteriology, domestic science, etc., etc., from one staff of able instructors, all passing the same examinations, it will then remain for the hospitals to provide instruction in practical nursing in all its varying branches.

The whole idea of preliminary training means a great reform, and the plan is yet so new that it needs the united energies of our ablest women. How the idea has taken form at the Johns Hopkins will be given in the next number.

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#### STATE MEETINGS.

THE annual meeting of the New York State Nurses' Association was a notably well conducted and harmonious gathering. It needs to be plainly understood that those nurses who have become members during the year are *charter* members individually. It now remains for the associations to make application for membership, according to the instruction given in the secretary's report. Hereafter the official reports and announcements of the society will be made through the pages of this JOURNAL.

We understand that the Illinois nurses are to fix the eligibility lines at their next meeting, and we also are advised that the nurses of North Carolina are moving in the direction of State organization.

When the young nurses of to-day look back a quarter of a century to this time when State organization began, what a strange, crude condition of things will seem to have existed. It is for us to sow that those who are to come after us may reap.



